

# Instructions for Starting Petition to Determine Parental Relationship

## WHEN TO USE THIS PACKET

Use this packet if you are **not married to the other parent of your child and if you want to:**

- Determine Paternity
- Obtain Orders for Custody or Visitation
- Obtain Orders for Child Support

There is a first time filing fee to file the enclosed forms, unless you are eligible for a “**Fee Waiver**” which is available as a separate packet.

**NOTE:** If there is already a Family Support case opened by the Department of Child Support Services you can get the same orders without filling out these forms. Please speak to an attorney or the Court’s Self-Help Center for other options.

## STEPS TO DETERMINE PATERNITY:

The forms in this packet can be used to open a case between you and the other parent. Opening the case is the first step to determine paternity or obtaining orders for custody, visitation and support.

The other steps are as follows:

- Request a Judgment of Paternity by default if the other parent does not respond, or
- Ask the court for custody, visitation or support orders by completing, filing and serving a “Request for Order” packet.



# **SAMPLE FORMS**



# FORM INSTRUCTIONS

FL-210

## SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

NOTICE TO RESPONDENT (Name): **THE OTHER PARENT'S NAME**  
AVISO AL DEMANDADO (Nombre):

You have been sued. Read the information below and on the next page.  
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name: **YOUR NAME**  
El nombre del demandante:

CASE NUMBER: (Número de caso)

**LEAVE BLANK**

**SAMPLE  
ONLY  
DO NOT  
WRITE ON  
THIS COPY!**

<p>You have <b>30 calendar days</b> after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p>Tiene <b>30 días de calendario</b> después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</p>
<p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (<a href="http://www.courts.ca.gov/selfhelp">www.courts.ca.gov/selfhelp</a>), at the California Legal Services website (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>), or by contacting your local bar association.</p>	<p>Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (<a href="http://www.sucorte.ca.gov">www.sucorte.ca.gov</a>), en el sitio web de los Servicios Legales de California (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>), o poniéndose en contacto con el colegio de abogados de su condado.</p>
<p><b>NOTICE:</b> <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p><b>AVISO:</b> <i>La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p><b>FEE WAIVER:</b> If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p><b>EXENCIÓN DE CUOTAS:</b> Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.</p>

[SEAL]

1. The name and address of the court are: (El nombre y dirección de la corte son:)

**Fresno County Superior Court  
1130 "O" Street  
Fresno CA 93724-2220**

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)

**YOUR NAME  
YOUR ADDRESS, CITY, STATE, ZIP CODE  
YOUR TELEPHONE NUMBER**

Date (Fecha): \_\_\_\_\_ Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

Page 1 of 2

**STANDARD RESTRAINING ORDER**  
 (Parentage—Custody and Support)

**ORDEN DE RESTRICCIÓN ESTÁNDAR**  
 (Paternidad—Custodia y Manutención)

**Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.**

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

***En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.***

*Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.*

*Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despidan la petición o la corte dé otras órdenes.*

*Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.*

**NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**AVISO — ACCESO A SEGURA DE SALUD MÁS ECONOMICO** Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**YOUR NAME**  
**YOUR ADDRESS**  
**CITY, STATE, ZIP CODE**  
**YOUR TELEPHONE NUMBER**

STATE BAR NUMBER:  
 STATE:      ZIP CODE:  
 FAX NO.:

E-MAIL ADDRESS:  
 ATTORNEY FOR (name):

**NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARENT'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Fresno**

STREET ADDRESS: **1130 "O" Street**  
 MAILING ADDRESS: **Fresno CA 93724-2220**  
 CITY AND ZIP CODE:  
 BRANCH NAME: **Central Division**

PETITIONER: **YOUR NAME**  
 RESPONDENT: **THE OTHER PARENT'S NAME**

FOR COURT USE ONLY

**SAMPLE  
 ONLY  
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**PETITION TO DETERMINE PARENTAL RELATIONSHIP**

CASE NUMBER: **LEAVE BLANK**

- The petitioner
  - gave birth to the children listed in item 2.
  - wants to be determined as a parent of the children in item 2 because (specify): **PICK WHICH ONE YOU ARE**
  - wants to be determined as not a parent of the children listed in item 2 because (specify):
  - is the child or the child's personal representative (specify court and date of appointment):
  - Other (specify):
- The children are
  - | Child's name           | Birthdate        | Age        |
|------------------------|------------------|------------|
| <b>CHILD #1'S NAME</b> | <b>BIRTHDATE</b> | <b>AGE</b> |
| <b>CHILD #2'S NAME</b> | <b>BIRTHDATE</b> | <b>AGE</b> |
| <b>CHILD #3'S NAME</b> | <b>BIRTHDATE</b> | <b>AGE</b> |
| <b>CHILD #4'S NAME</b> | <b>BIRTHDATE</b> | <b>AGE</b> |
  - a child who is not yet born.
- The court has jurisdiction over the respondent because the respondent:
  - lives in this state.
  - had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
  - Other (specify): **CHECK WHICH ONE APPLIES TO YOU**
- The action is brought in this county because (you must check one or more to file in this county):
  - the children live or are found in this county.
  - a parent is deceased and proceedings for administration of the estate have been or could be started in this county.
- Petitioner claims (check all that apply): **CHECK THE APPROPRIATE BOXES**
  - respondent is the parent of the children listed in item 2 above.
  - parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
  - respondent is the children's parent and has failed to support the children.
  - (name): \_\_\_\_\_ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the children should pay:
 

Amount	Payable to	For (specify):
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  - public assistance is being provided to the children.
  - Other (specify):
- A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

PETITIONER: <b>YOUR NAME</b> RESPONDENT: <b>THE OTHER PARENT'S NAME</b>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">LEAVE BLANK</div>
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Petitioner asks the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP (check all that apply): **CHECK THE APPROPRIATE BOXES**

a.  Petitioner  Respondent is the parent of the children listed in item 2.

b.  Petitioner  Respondent **CHECK A BOX FOR a., b., c., AND/OR d. TO TELL THE COURT WHO YOU WANT TO HAVE LEGAL CUSTODY, AND PHYSICAL CUSTODY OF THE CHILD(REN) AS WELL AS VISITATION** the

c.  Petitioner requests general visitation of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

a. If  Petitioner  Respondent is found to be the parent of the children listed in item 2.

	Petitioner	Respondent	Joint	Other
b. Legal custody of children to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical custody of children to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child visitation (parenting time) be granted to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in

<input type="checkbox"/> form FL-311	<input type="checkbox"/> form FL-312	<input type="checkbox"/> form FL-341(C)
<input type="checkbox"/> form FL-341(D)	<input type="checkbox"/> form FL-341(E)	<input type="checkbox"/> Attachment 8d

e. The facts in support of the requested custody and visitation (parenting time) orders are (specify):

Contained in the attached **CHECK THIS BOX AND USE THE MC-031 ATTACHMENT, IF YOU WOULD LIKE TO PROVIDE FURTHER DETAILS TO SUPPORT YOUR REQUEST IN REGARDS TO CUSTODY/VISITATION**

IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, CHECK THE BOX OF THE FORM(S) YOU PRINTED AND ATTACHED

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH TO BE PAID BY AS FOLLOWS:

	Petitioner	Respondent	Joint
<input type="checkbox"/> Reasonable expenses of pregnancy and birth to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK APPROPRIATE BOXES IF REQUESTING ORDERS IN #9 AND #10

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

Children's names be changed, according to Family Code section 7638, as follows (specify old and new names):

**CHECK THIS BOX IF YOU WOULD LIKE TO CHANGE THE CHILD'S NAME AND WRITE THE COMPLETE OLD AND NEW NAME**

12. CHILD SUPPORT

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13.  OTHER ORDERS REQUESTED **IF THERE IS NOT A BOX FOR WHAT YOU ARE REQUESTING, CHECK THIS BOX AND WRITE IT HERE**

**YOU WILL NEED TO BRIEFLY DESCRIBE THE ORDER REQUESTED**

14. I have read the restraining order filed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>PRINT YOUR NAME HERE</b></div>	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>SIGN YOUR NAME HERE</b></div>
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)

A blank Response to Petition to Determine Parental Relationship (form FL-220) must be served on the respondent with this petition.

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**



PLAINTIFF/PETITIONER: <b>YOUR NAME</b>	CASE NUMBER:
DEFENDANT/RESPONDENT: <b>THE OTHER PARENT'S NAME</b>	<b>LEAVE BLANK</b>

**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

<p align="center"><b>BRIEFLY EXPLAIN WHY YOU ARE REQUESTING CUSTODY AND/OR VISITATION ORDERS IN THE BEST INTEREST OF THE CHILD(REN)</b></p>
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME HERE**

(SIGNATURE OF DECLARANT)

- Attorney for   
 Plaintiff   
 Petitioner   
 Defendant  
 Respondent   
 Other (*Specify*):

PLAINTIFF/PETITIONER: <b>YOUR NAME</b>	CASE NUMBER:
DEFENDANT/RESPONDENT: <b>THE OTHER PARENT'S NAME</b>	<b>LEAVE BLANK</b>

**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

**BRIEFLY EXPLAIN WHY YOU ARE REQUESTING  
CUSTODY AND/OR VISITATION ORDERS IN THE  
BEST INTEREST OF THE CHILD(REN)**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME HERE**

(SIGNATURE OF DECLARANT)

- Attorney for   
 Plaintiff   
 Petitioner   
 Defendant  
 Respondent   
 Other (*Specify*):

# FORM INSTRUCTIONS

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <b>YOUR NAME</b> FIRM NAME: STREET ADDRESS: <b>YOUR ADDRESS</b> CITY: <b>CITY, STATE, ZIP CODE</b> E:      ZIP CODE: TELEPHONE NO.: <b>YOUR TELEPHONE NUMBER</b> O: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY  <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold;">                     SAMPLE ONLY DO NOT WRITE ON THIS COPY!                 </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>Fresno</b> STREET ADDRESS: <b>1130 "O" Street</b> MAILING ADDRESS: <b>Fresno CA 93724-2220</b> CITY AND ZIP CODE: BRANCH NAME: <b>Central Division</b>	
(This section applies to cases other than probate guardianships.) PETITIONER: <b>YOUR NAME</b> RESPONDENT: <b>THE OTHER PARENT'S NAME</b>  OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
(This section applies only to probate guardianships.) GUARDIANSHIP OF (name): <b>LEAVE BLANK</b> <b>CHECK THE APPROPRIATE BOX</b> CASE NUMBER: <div style="display: flex; justify-content: space-around;"> <span>Minor</span> <span><b>LEAVE BLANK</b></span> </div>	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one):  a party to this proceeding to determine custody of a child  the authorized representative of the proceeding to determine custody of a child.
2. There are (specify number): **WRITE IN THE NUMBER OF CHILDREN** minor children who are subject to this proceeding, as follows (list oldest child first):

	Full Name	Date of birth	Place of birth (city and state)
a.	<b>OLDEST CHILD'S NAME</b>	<b>MM/DD/YYYY</b>	<b>CITY &amp; STATE WHERE CHILD WAS BORN</b>
b.	<b>NEXT OLDEST CHILD'S NAME</b>	<b>MM/DD/YYYY</b>	<b>CITY &amp; STATE WHERE CHILD WAS BORN</b>
c.	<b>NEXT OLDEST CHILD'S NAME</b>	<b>MM/DD/YYYY</b>	<b>CITY &amp; STATE WHERE CHILD WAS BORN</b>
d.	<b>NEXT OLDEST CHILD'S NAME</b>	<b>MM/DD/YYYY</b>	<b>CITY &amp; STATE WHERE CHILD WAS BORN</b>

Check this box if you need **CHECK THIS BOX IF APPLICABLE** MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top of the MC-020 and provide information for each additional child, and attach to this form.)

3. a.  Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child and their residence history for the past five years. If the current address is confidential under Family Code section 8610, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From: <b>MM/DD/YYYY</b>	To present <b>MM/DD/YYYY</b>	<b>CURRENT ADDRESS FOR THE CHILD</b> <input type="checkbox"/> Confidential (list state only)	<b>NAME &amp; CURRENT ADDRESS OF PERSON CHILD LIVES WITH</b> <input type="checkbox"/> Confidential (list state only)	<b>RELATIONSHIP OF PERSON TO CHILD</b>
From: <b>MM/DD/YYYY THAT CHILD STARTING LIVING AT EACH ADDRESS</b>	To: <b>MM/DD/YYYY THAT CHILD STOPPED LIVING AT EACH ADDRESS</b>	<b>THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES</b>	<b>NAME &amp; CURRENT ADDRESS OF PERSON CHILD LIVED WITH FOR THE PAST FIVE YEARS GO IN THESE BOXES</b>	<b>RELATIONSHIP OF PERSON TO CHILD</b>

Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

- b.  Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

**IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK THIS BOX AND CREATE AN "ATTACHMENT 3a" AND LIST THE ADDITIONAL ADDRESSES**

**IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX b. AND COMPLETE FORM FL-105(A)/GC-120(A)**

CASE NAME: <b>YOUR LAST NAME VS OTHER PARENT'S LAST NAME</b>	CASE NUMBER: <b>LEAVE BLANK</b>
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court <i>(name, state or tribe, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family		<b>TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF "YES", COMPLETE THE INFORMATION IN THIS SECTION. IF "NO", SKIP TO NUMBER 5</b>				
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state or tribe, location)</i>
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5.  One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State or Tribe	Case Number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal			<b>CHECK THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDERS IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION</b>	
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case?  Yes  No (If yes, provide the following information):

a. Name and address of person:	b. Name and address of person:	c. Name and address of person:
<b>TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS</b>		
<input type="checkbox"/> Has physical custody	<input type="checkbox"/> Has physical custody	<input type="checkbox"/> Has physical custody
<input type="checkbox"/> Claims custody rights	<input type="checkbox"/> Claims custody rights	<input type="checkbox"/> Claims custody rights
<input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Claims visitation rights
Name of each child:	Name of each child:	Name of each child:

7.  Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

(NAME OF DECLARANT)

**SIGN YOUR NAME HERE**

(SIGNATURE OF DECLARANT)

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

# FORM INSTRUCTIONS

FL-105(A)/GC-120(A)

CASE NAME: <span style="border: 1px solid black; padding: 2px;">YOUR LAST NAME VS OTHER PARENT'S LAST NAME</span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px; font-weight: bold;">LEAVE BLANK</span>
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**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

**Instructions:** If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b.        Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

**CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES**

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<span style="border: 1px solid black; padding: 2px;">CURRENT ADDRESS FOR THE CHILD</span>	<span style="border: 1px solid black; padding: 2px;">NAME &amp; CURRENT ADDRESS OF PERSON CHILD LIVES WITH</span>	<span style="border: 1px solid black; padding: 2px;">RELATIONSHIP OF PERSON TO CHILD</span>
<span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>	<span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:	<b>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</b>		
From:	To:			
From:	To:			
From:	To:			

3. b.        Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

**CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES**

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<span style="border: 1px solid black; padding: 2px;">CURRENT ADDRESS FOR THE CHILD</span>	<span style="border: 1px solid black; padding: 2px;">NAME &amp; CURRENT ADDRESS OF PERSON CHILD LIVES WITH</span>	<span style="border: 1px solid black; padding: 2px;">RELATIONSHIP OF PERSON TO CHILD</span>
<span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>	<span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:	<b>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</b>		
From:	To:			
From:	To:			
From:	To:			

# FORM INSTRUCTIONS

FL-105(A)/GC-120(A)

CASE NAME: <span style="border: 1px solid black; padding: 2px;">YOUR LAST NAME VS OTHER PARENT'S LAST NAME</span>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">LEAVE BLANK</div>
---	--

**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

**Instructions:** If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b.  Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

**CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES**

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">CURRENT ADDRESS FOR THE CHILD</div>	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">NAME &amp; CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div>	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">RELATIONSHIP OF PERSON TO CHILD</div>
<div style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</div>	<div style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</div>	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">                     IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS                 </div>		
From:	To:			
From:	To:			
From:	To:			

3. b.  Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

**CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES**

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">CURRENT ADDRESS FOR THE CHILD</div>	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">NAME &amp; CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div>	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">RELATIONSHIP OF PERSON TO CHILD</div>
<div style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</div>	<div style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</div>	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">                     IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS                 </div>		
From:	To:			
From:	To:			
From:	To:			

# FORM INSTRUCTIONS

FL-115

<p>PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.:</p> <p>NAME: <b>YOUR NAME</b></p> <p>FIRM NAME: <b>YOUR ADDRESS</b></p> <p>STREET ADDRESS: <b>CITY, STATE, ZIP CODE</b></p> <p>CITY: <b>YOUR TELEPHONE NUMBER</b></p> <p>TELEPHONE: STATE: ZIP CODE:</p> <p>E-MAIL ADDRESS: FAX NO.:</p> <p>ATTORNEY FOR (name):</p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno</b></p> <p>STREET ADDRESS: <b>1130 "O" Street</b></p> <p>MAILING ADDRESS: <b>Fresno CA 93721-2220</b></p> <p>CITY AND ZIP CODE: <b>Central Division</b></p> <p>BRANCH NAME:</p> <p>PETITIONER: <b>YOUR NAME</b></p> <p>RESPONDENT: <b>THE OTHER PARENT'S NAME</b></p>	<p>FOR COURT USE ONLY</p> <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold;"> <p>SAMPLE ONLY DO NOT WRITE ON THIS COPY!</p> </div> <p>CASE NUMBER: <b>LEAVE BLANK</b></p>
<p>PROOF OF SERVICE OF SUMMONS</p>	

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a.  Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)

-or-

- b.  Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)

-or-

- c.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)

- d.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
- (2)  Completed and blank *Declaration of Disclosure* (form FL-140)
- (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (4)  Completed and blank *Income and Expense Declaration* (form FL-150)

and

MARK THE BOXES OF ANY ATTACHED FORMS THAT WERE GIVEN TO THE OTHER PARTY (I.E. PARENT)

- (6)  Completed and blank *Property Declaration* (form FL-160)
- (7)  *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
- (8)  Other (specify):

2. Address where respondent was served:
- THE SERVER WRITES IN THE ADDRESS WHERE THE OTHER PARTY WAS SERVED A COPY OF THE DOCUMENTS LISTED ABOVE

3. I served the respondent by the following means (check proper boxes):
- a.  **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10)  
 on (date): **DATE OF PERSONAL SERVICE** at (time): **TIME OF PERSONAL SERVICE (INCLUDE AM/PM)**
- b.  **Substituted service.** I left the copies with or in the presence of (name): **NAME**  
 who is (specify title or relationship to respondent):
- (1)  **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
- (2)  **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.
- on (date): at (time):
- I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date):

FILL OUT SECTION 3a., OR 3b., OR 3c.. FOR METHOD OF SERVICE

hed, stating the actions taken to first attempt personal service.

PETITIONER: <b>YOUR NAME</b>	CASE NUMBER:
RESPONDENT: <b>THE OTHER PARENT'S NAME</b>	<b>LEAVE BLANK</b>

3. c.  **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1)  with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt*** (form FL-117),) (Code Civ. Proc., § 415.30.)
- (2)  to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d.  **Other** (specify code section): \_\_\_\_\_
- Continued on Attachment 3d.

**FILL OUT SECTION 3a., OR 3b., OR 3c.. FOR METHOD OF SERVICE**

4. **Person who served papers**  
 Name: **NAME OF SERVER (SOMEONE OVER THE AGE OF 18 WHO SERVES THE PAPERS TO THE OTHER PARTY)**  
 Address: **SERVER'S ADDRESS**  
**CITY, STATE, ZIP CODE**

Telephone number: **SERVER'S PHONE NUMBER** **CHECK ONE**

This person is

- a.  ~~Exempt from registration under Business and Professions Code section 22350(b).~~
- b.  ~~Not a registered California process server.~~
- c.  ~~registered California process server:~~     an employee or     an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_
- (3) **The fee** for service was (specify): \$ \_\_\_\_\_

5.  ~~I declare~~ under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**CHECK ONE** r-

6.  ~~I am a California sheriff, marshal, or constable,~~ and I certify that the foregoing is true and correct.

Date: **DATE SERVER SIGNS**

**SERVER PRINTS THEIR NAME HERE**

(NAME OF PERSON WHO SERVED PAPERS)

**SERVER SIGNS HERE**

(SIGNATURE OF PERSON WHO SERVED PAPERS)



# **BLANK FORMS**

**(To be Completed)**



**SUMMONS**

(Parentage—Custody and Support)

**CITACIÓN (Paternidad—Custodia y Manutención)**

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

You have been sued. Read the information below and on the next page.  
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:  
El nombre del demandante:

CASE NUMBER: (Número de caso)

<p>You have <b>30 calendar days</b> after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p>Tiene <b>30 días de calendario</b> después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</p>
<p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (<a href="http://www.courts.ca.gov/selfhelp">www.courts.ca.gov/selfhelp</a>), at the California Legal Services website (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>), or by contacting your local bar association.</p>	<p>Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (<a href="http://www.sucorte.ca.gov">www.sucorte.ca.gov</a>), en el sitio web de los Servicios Legales de California (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>), o poniéndose en contacto con el colegio de abogados de su condado.</p>
<p><b>NOTICE:</b> <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p><b>AVISO:</b> <i>La orden de protección que aparecen en la página 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p><b>FEE WAIVER:</b> If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p><b>EXENCIÓN DE CUOTAS:</b> Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.</p>

[SEAL]

1. The name and address of the court are: (El nombre y dirección de la corte son:)
2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)

Date (Fecha): \_\_\_\_\_ Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

**STANDARD RESTRAINING ORDER**  
(Parentage—Custody and Support)

**ORDEN DE RESTRICCIÓN ESTÁNDAR**  
(Paternidad—Custodia y Manutención)

**Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.**

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

***En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.***

*Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.*

*Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes.*

*Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.*

**NOTICE — ACCESS TO AFFORDABLE HEALTH**

**INSURANCE** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**AVISO — ACCESO A SEGURA DE SALUD MÁS**

**ECONOMICO** Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.



PETITIONER:	CASE NUMBER:
RESPONDENT:	

Petitioner asks the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP (check all that apply):

- a.  Petitioner  Respondent is the parent of the children listed in item 2.
- b.  Petitioner  Respondent is not the parent of the children listed in item 2.
- c.  Petitioner requests genetic testing to determine whether the  Petitioner  Respondent is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. If  Petitioner  Respondent is found to be the parent of the children listed in item 2.

	Petitioner	Respondent	Joint	Other
b. Legal custody of children to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical custody of children to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child visitation (parenting time) be granted to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in  form FL-311  form FL-312  form FL-341(C)  
 form FL-341(D)  form FL-341(E)  Attachment 8d

- e. The facts in support of the requested custody and visitation (parenting time) orders are (specify):  
 Contained in the attached declaration.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

Reasonable expenses of pregnancy and birth to be paid by as follows:	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

- Children's names be changed, according to Family Code section 7638, as follows (specify old and new names):

12. CHILD SUPPORT

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13.  OTHER ORDERS REQUESTED (specify):

14. I have read the restraining order on the back of the Summons (FL-210) and I understand it applies to me when this Petition is filed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

---

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF PETITIONER)

A blank Response to Petition to Determine Parental Relationship (form FL-220) must be served on the respondent with this petition.

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other (Specify):

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

Attorney for     Plaintiff     Petitioner     Defendant  
 Respondent     Other *(Specify):*



ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i>	
PETITIONER: RESPONDENT:  OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i>	
GUARDIANSHIP OF (name):	CASE NUMBER:
Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one):  a party to this proceeding to determine custody of a child  the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a.  Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

b.  Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes  No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5.  One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case?  Yes  No (If yes, provide the following information):

<p>a. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>b. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>c. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
--	--	--

7.  Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_ \_\_\_\_\_  
 (NAME OF DECLARANT) (SIGNATURE OF DECLARANT)

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

CASE NAME:	CASE NUMBER:
------------	--------------

**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

**Instructions:** *If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.*

3. b. \_\_\_\_\_ Name of child: \_\_\_\_\_ *(Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b. \_\_\_\_\_ Name of child: \_\_\_\_\_ *(Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

CASE NAME:	CASE NUMBER:
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**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

**Instructions:** If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b.        Name of child: \_\_\_\_\_ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with <i>(name and complete current address)</i>	Relationship
From:	To present	<input type="checkbox"/> Confidential <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b.        Name of child: \_\_\_\_\_ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with <i>(name and complete current address)</i>	Relationship
From:	To present	<input type="checkbox"/> Confidential <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

PARTY WITHOUT ATTORNEY <i>or</i> ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR ( <i>name</i> ):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a.  Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
  - or-
  - b.  Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)
  - or-
  - c.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
  - and
  - d.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
  - (2)  Completed and blank *Declaration of Disclosure* (form FL-140)
  - (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142)
  - (4)  Completed and blank *Income and Expense Declaration* (form FL-150)
  - (5)  Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (6)  Completed and blank *Property Declaration* (form FL-160)
  - (7)  *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
  - (8)  Other (*specify*):

2. Address where respondent was served:

3. I served the respondent by the following means (*check proper boxes*):

- a.  **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_
- b.  **Substituted service.** I left the copies with or in the presence of (*name*): \_\_\_\_\_ who is (*specify title or relationship to respondent*):

  - (1)  **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
  - (2)  **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.

on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_  
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (*date*): \_\_\_\_\_  
 A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. c.  **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on *(date)*: \_\_\_\_\_ from *(city)*: \_\_\_\_\_
- (1)  with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**  
(Code Civ. Proc., § 415.30.)
- (2)  to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., §§ 415.40, 417.20.)
- d.  **Other** (*specify code section*): \_\_\_\_\_
- Continued on Attachment 3d.

4. **Person who served papers**

Name:  
Address:

Telephone number:

This person is

- a.  exempt from registration under Business and Professions Code section 22350(b).
- b.  not a registered California process server.
- c.  a registered California process server:  an employee or  an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_
- (3) **The fee** for service was (*specify*): \$ \_\_\_\_\_

5.  **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

-or-

6.  **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(NAME OF PERSON WHO SERVED PAPERS)



\_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED PAPERS)

**LEAVE FORMS  
FL-220 &  
FL-335 BLANK  
FOR THE  
RESPONDENT**





PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:           <b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>	CASE NUMBER:

1. The petitioner
  - a.  is a parent of the children in item 2.
  - b.  is not a parent of the children in item 2.
  - c.  is the child or the child's personal representative (specify court and date of appointment):
  - d.  Other (specify):
  
2. The children are
 

a. <u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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  - b.  a child who is not yet born
  
3. The respondent
  - a.  lives in the state of California.
  - b.  was in California when the children listed in item 2 were conceived.
  - c.  does not live in the state of California.
  - d.  was not in California when the children listed in item 2 were conceived.
  - e.  Other (specify):
  
4. The children
  - a.  live or are found in this county.
  - b.  are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
  
5. The respondent is
  - a.  the parent of the children listed in item 2 above.
  - b.  not certain if the respondent is the parent of the children listed in item 2 above.
  - c.  not the parent of the children listed in item 2 above.
  - d.  Other (specify):
  
6. Additional statements
  - a.  Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
  - b.  Parentage has been established in another case  governmental child support  Other (specify):
  
  - c.  Public assistance is being provided to the children.
  
7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

The respondent asks that the court make the determinations listed below.

8. PARENT-CHILD RELATIONSHIP (check all that apply):

- a.  Respondent  Petitioner is the parent of the children listed in item 2.
- b.  Respondent  Petitioner is not the parent of the children listed in item 2.
- c.  Respondent requests genetic testing to determine whether the  Petitioner  Respondent is the parent of the children listed in item 2.

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- |  | Petitioner               | Respondent               | Joint                    | Other                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to .....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

As requested in  form FL-311  form FL-312  form FL-341(C)  
 form FL-341(D)  form FL-341(E)  Attachment 9c

- d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):  
 Contained in the attached declaration.

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth to be paid by as follows:

	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. NAME CHANGE

Children's names be changed, according to Family Code section 7638, as follows (specify old and new names):

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

I have read the restraining order on the back of the *Summons* (FL-210) and I understand it applies to me.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF RESPONDENT)

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):    TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  (If applicable, provide):  HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (*specify*) :

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
  
- c. Date mailed:
- d. Place of mailing (*city and state*):

5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)





## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

