

FW-001 Request to Waive Court Fees

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of
Tulare
221 S Mooney Blvd
County Civic Center
Visalia, CA 93291

Fill in case number and name:

Case Number:

Case Name:

LAST NAME V LAST NAME

1 Your Information (person asking the court to waive the fees):

Name: YOUR NAME

Street or mailing address: YOUR MAILING ADDRESS

City: State: Zip:

Phone: YOUR PHONE #

2 Your Job, if you have one (job title): YOUR EMPLOYMENT INFO

Name of employer:

Employer's address:

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

IN PRO PER

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature:
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

☒ Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)

☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

a. ☐ I receive (check all that apply; see form FW-001-INFO for definitions):

☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS

OR ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you must fill out page 2):

☐ waive all court fees and costs ☐ waive some of the court fees ☐ let me make payments over time

6 ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here: ☐)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: DATE

PRINT YOUR NAME

Print your name here

SIGN YOUR NAME

Sign here

Your name: YOUR NAME

Case Number:

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you *must* fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7** ☐ Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

- a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) WAGES \$ 2,000
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

b. Your total monthly income: \$ 2,000

9 Household Income

- a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) <u>LIST ANYONE</u>			\$ _____
(2) <u>WHO YOU ARE</u>			\$ _____
(3) <u>FINANCIALLY</u>			\$ _____
(4) <u>SUPPORTING</u>			\$ _____

b. Total monthly income of persons above: \$ 0

Total monthly income and household income (8b plus 9b): \$ 2,000

10 Your Money and Property

a. Cash \$ 50

b. All financial accounts (List bank name and amount):

(1) BANK INFO \$ 500
(2) _____ \$ _____
(3) _____ \$ _____

c. Cars, boats, and other vehicles

Make/Year	Fair Market Value	How Much You Still Owe
(1) <u>VEHICLE INFO</u>	\$ <u>5,000</u>	\$ <u>4,000</u>
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) <u>HOME INFO</u>	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

11 Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

(1) FEDERAL TAX \$ 200
(2) STATE TAX \$ 100
(3) SDI \$ 75
(4) MEDICARE/SOC SEC \$ 200

b. Rent or house payment & maintenance \$ 500

c. Food and household supplies \$ 200

d. Utilities and telephone \$ 100

e. Clothing \$ 50

f. Laundry and cleaning \$ _____

g. Medical and dental expenses \$ _____

h. Insurance (life, health, accident, etc.) \$ _____

i. School, child care \$ _____

j. Child, spousal support (another marriage) \$ _____

k. Transportation, gas, auto repair and insurance \$ _____

l. Installment payments (list each below):

Paid to:

(1) VISA PAYMENT \$ 50
(2) CAR PAYMENT \$ 350
(3) DOCTOR BILL \$ 30

m. Wages/earnings withheld by court order \$ _____

n. Any other monthly expenses (list each below):

Paid to: How Much?

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 11a–11n above): \$ 1,855

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: YOUR NAME
Street or mailing address: YOUR MAILING ADDRESS
City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one (name, firm name, address, phone number, e-mail, and State Bar number):

IN PRO PER

Fill in court name and street address:

Superior Court of California, County of
Tulare
221 S Mooney Blvd
County Civic Center
Visalia, CA 93291

3 A request to waive court fees was filed on (date): _____

☐ The court made a previous fee waiver order in this case on (date): _____

Fill in case number and name:

Case Number:

Case Name:

LAST NAME V LAST NAME

Read this form carefully. All checked boxes ☒ are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your: ☒ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees the court makes the following orders:

a. ☐ The court **grants** your request, as follows:

- (1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55 and 8.818.*) You do not have to pay the court fees for the following:
- Filing papers in superior court
 - Making copies and certifying copies
 - Sheriff's fee to give notice
 - Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
 - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal
 - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
 - Making a transcript or copy of an official electronic recording under rule 8.835
 - Court fee for phone hearing
 - Giving notice and certificates
 - Sending papers to another court department
- (2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.
- ☐ Jury fees and expenses ☐ Fees for a peace officer to testify in court
☐ Fees for court-appointed experts ☐ Court-appointed interpreter fees for a witness
☐ Other (specify): _____

Your name: _____

Case Number: _____

- b. ☐ The court **denies** your fee waiver request because:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) ☐ Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:

☐ Below ☐ On Attachment 4b(1)

- (2) ☐ The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated: ☐ Below ☐ On Attachment 4b(2)

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)* (form FW-006). You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c. (1) ☐ The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

☐ Below ☐ On Attachment 4c(1)

- (2) ☐ Bring the items of proof to support your request, if reasonably available, that are listed:

☐ Below ☐ On Attachment 4c(2)

This is a Court Order.

Your name: _____

Case Number: _____

Name and address of court if different from above:



Date: _____ Time: _____

Dept.: _____ Room: _____

Warning! If item c(1) is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one):



Judicial Officer



Clerk, Deputy

Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- ☐ I handed a copy of this Order to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.
- ☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from (city): _____, California on the date below.
- ☐ A certificate of mailing is attached.

Date: _____

Clerk, by _____, Deputy

Name: _____

This is a Court Order.

SUMMONS (Family Law)**CITACIÓN (Derecho familiar)**FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

SPOUSE'S NAME

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 is:

Nombre del demandante: YOUR NAME

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local county bar association.

Tiene **30 días de calendario** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120) 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.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.

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 (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRaining ORDERS ARE ON PAGE 2:

These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2:

Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidan la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

FEE WAIVER: 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.

EXENCIÓN DE CUOTAS: 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.

[SEAL]

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

Tulare County Superior Court
221 S Mooney Blvd
Visalia, CA 93291

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

YOUR NAME
YOUR MAILING ADDRESS
CITY, STATE, ZIP CODE
YOUR PHONE #

Date (Fecha):

Clerk, by (Secretario, por) _____, Deputy (Asistente)

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

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 towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

WARNING—IMPORTANT INFORMATION

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. *llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;*
2. *cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);*
3. *transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y*
4. *crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.*

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

¿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 el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR MAILING ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME	
PETITION FOR <input checked="" type="checkbox"/> Dissolution (Divorce) of: <input checked="" type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> AMENDED CASE NUMBER:

1. **LEGAL RELATIONSHIP** (check all that apply):
 - a. ☒ We are married.
 - b. ☐ We are domestic partners and our domestic partnership was established in California.
 - c. ☐ We are domestic partners and our domestic partnership was NOT established in California.
2. **RESIDENCE REQUIREMENTS** (check all that apply):
 - a. ☒ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
 - b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
 - c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____
3. **STATISTICAL FACTS**
 - a. ☒ (1) Date of marriage (specify): **DATE OF MARRIAGE** (2) Date of separation (specify): **DATE OF SEPARATION**
 (3) Time from date of marriage to date of separation (specify): **XX** Years **XX** Months
 - b. ☐ (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months
4. **MINOR CHILDREN**
 - a. ☐ There are no minor children.
 - b. ☒ The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
INFORMATION OF CHILDREN THAT YOU HAVE WITH THIS SPOUSE		

- (1) ☐ continued on Attachment 4b.
 - (2) ☐ a child who is not yet born.
- c. If any children listed above were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. ☐ Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME	CASE NUMBER:
--	--------------

Petitioner requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210, 2310–2312)

- a. ☒ Divorce or ☐ Legal separation of the marriage or domestic partnership based on (*check one*):
 (1) ☒ irreconcilable differences. (2) ☐ permanent legal incapacity to make decisions.
- b. ☐ Nullity of void marriage or domestic partnership based on
 (1) ☐ incest. (2) ☐ bigamy.
- c. ☐ Nullity of voidable marriage or domestic partnership based on
 (1) ☐ petitioner's age at time of registration of domestic partnership or marriage. (4) ☐ fraud.
 (2) ☐ prior existing marriage or domestic partnership. (5) ☐ force.
 (3) ☐ unsound mind. (6) ☐ physical incapacity.

6. 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 6c(1)

** WHO DO YOU WANT LEGAL AND PHYSICAL CUSTODY TO BE AWARDED TO? WHAT VISITATION ARE YOU REQUESTING? **

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. ☐ Other (*specify*):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. ☐ Spousal or domestic partner support payable to ☐ Petitioner ☐ Respondent
- b. ☐ Terminate (end) the court's ability to award support to ☐ Petitioner ☐ Respondent
- c. ☐ Reserve for future determination the issue of support payable to ☐ Petitioner ☐ Respondent
- d. ☐ Other (*specify*):

** SPOUSAL SUPPORT MUST BE ADDRESSED IN ALL CASES **

- TERMINATE = NEVER ASK FOR IT NOW OR IN THE FUTURE

- RESERVE = EITHER PARTY CAN FILE TO REQUEST IT ANYTIME IN THE FUTURE

** MARRIAGES OVER 10 YEARS MUST BE RESERVED UNLESS PARTIES STIPULATE OTHERWISE **

9. SEPARATE PROPERTY

- a. ☐ There are no such assets or debts that I know of to be confirmed by the court.
- b. ☒ Confirm as separate property the assets and debts in ☐ *Property Declaration* (form FL-160). ☐ *Attachment 9b.*
☒ the following list. Item Confirm to

- SEPARATE PROPERTY IS ANYTHING THAT WAS RECEIVED PRIOR TO THE MARRIAGE, AFTER THE DATE OF SEPARATION, OR GIVEN AS A GIFT OR AN INHERITANCE

PETITIONER: YOUR NAME	CASE NUMBER:
RESPONDENT: SPOUSE'S NAME	

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. ☐ There are no such assets or debts that I know of to be divided by the court.
- b. ☐ Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
☐ in *Property Declaration* (form FL-160) ☐ in Attachment 10b.
☐ as follows (*specify*):

- COMMUNITY PROPERTY IS ANYTHING THAT WAS RECEIVED DURING THE MARRIAGE, SUCH AS:

- RETIREMENT
- REAL AND PERSONAL PROPERTY
- DEBT

11. OTHER REQUESTS

- a. ☐ Attorney's fees and costs payable by ☐ Petitioner ☐ Respondent
- b. ☒ Petitioner's former name be restored to (*specify*): WRITE YOUR FULL FORMER NAME HERE
- c. ☐ Other (*specify*):

☐ Continued on Attachment 11c.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY 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: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN YOUR NAME

(SIGNATURE OF PETITIONER)

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR MAILING ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i>	
PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME OTHER PARTY: CHILD'S NAME <i>(Juvenile cases only)</i> :	
<i>(This section applies only to probate guardianship cases.)</i>	
GUARDIANSHIP OF (name): Minor	CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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): **XX** 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. OLDEST CHILD'S INFO FIRST		
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) ** EXAMPLE ONLY **		Residence (City/State)	Person child lived with and complete current address	Relationship
From: 06/2025	To present	VISALIA <input type="checkbox"/> Confidential (list state only)	YOUR NAME <input type="checkbox"/> Confidential (list state only)	PARENT
From: 01/2024	To: 06/2025	TULARE, CA	YOUR NAME, YOUR SPOUSES'S NAME	PARENTS
From: BIRTH	To: 01/2024	VISALIA	YOUR NAME, YOUR SPOUSES'S NAME	PARENTS
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: LAST NAME V LAST NAME	CASE NUMBER:
-------------------------------------	--------------

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	LIST ANY OTHER COURT CASES HERE					
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, 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 rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:

DO THE CHILDREN LIVE IN THE CARE OF SOMEONE OTHER THAN YOU OR THE OTHER PARENT?

- ☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

- ☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

- ☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

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

▶ SIGN YOUR NAME

(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: LAST NAME V LAST 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 (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	** USE THIS FORM IF THERE ARE MORE THAN 4 CHILDREN IN COMMON WITH YOUR SPOUSE IN THIS CASE **		
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 (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="background-color: yellow; padding: 2px;">YOUR NAME</div> <div style="background-color: yellow; padding: 2px;">YOUR MAILING ADDRESS</div> TELEPHONE NO.: <div style="background-color: yellow; padding: 2px;">YOUR PHONE #</div> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name): <div style="background-color: yellow; padding: 2px;">IN PRO PER</div>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <div style="background-color: yellow; padding: 2px;">Tulare</div> STREET ADDRESS: <div style="background-color: yellow; padding: 2px;">221 S Mooney Blvd</div> MAILING ADDRESS: <div style="background-color: yellow; padding: 2px;">County Civic Center</div> CITY AND ZIP CODE: <div style="background-color: yellow; padding: 2px;">Visalia, CA 93291</div> BRANCH NAME:		
PETITIONER: <div style="background-color: yellow; padding: 2px;">YOUR NAME</div> RESPONDENT: <div style="background-color: yellow; padding: 2px;">SPOUSE'S NAME</div> OTHER PARENT/PARTY:		
<div style="text-align: center;">DECLARATION OF DISCLOSURE</div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div> <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>		CASE NUMBER:

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

** MARK #1 AND CHECK THE BOX FOR THE PROPERTY FORM YOU ARE USING, IF APPLICABLE **

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142) or ☒ A *Property Declaration* (form FL-160) for (specify):
 ☒ Community and Quasi-Community Property ☐ Separate Property.
2. ☒ A completed *Income and Expense Declaration* (form FL-150).
3. ☒ All tax returns filed by the party in the two years before the date that the party served the disclosure documents
4. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).

EITHER: NO SUCH ASSETS OR SEE ITEM #1
5. ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).

EITHER: NO SUCH DEBTS OR SEE ITEM #1
6. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

(TYPE OR PRINT NAME)

►

SIGN YOUR NAME

SIGNATURE

Page 1 of 1

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR MAILING ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: ** LIST YOUR CURRENT OR MOST RECENT EMPLOYMENT c. Employer's phone number: INFORMATION HERE ** d. Occupation: - MAKE SURE TO ATTACH 2 MONTHS OF INCOME e. Date job started: f. If unemployed, date job ended: g. I work about hours per week. h. I get paid \$ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
---	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): ** COMPLETE ALL APPLICABLE INFORMATION **
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- e. I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year):
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
- c. I file state tax returns in ☐ California ☐ other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: TODAY'S DATE

PRINT YOUR NAME _____

(TYPE OR PRINT NAME)

► SIGN YOUR NAME _____

(SIGNATURE OF DECLARANT)

PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$	2,000
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input checked="" type="checkbox"/> currently receiving *CASH AID*	\$	500
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	500
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social Security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

EXAMPLES - WORK FOR CASH, FAMILY GIFT, LOANS

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify):	\$	

7. **Income from self-employment, after business expenses for all businesses**

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify): **** LIST SELF-EMPLOYMENT INFO HERE ****

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions** **** LIST ANY DEDUCTIONS YOU MAY HAVE ****

	Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a. ** INFO OF ANYONE WHO				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. CURRENTLY LIVES WITH				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. YOU **				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☐ Rent or ☐ mortgage \$ _____

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes \$ _____

(3) Homeowner's or renter's insurance (if not included above) \$ _____

(4) Maintenance and repair \$ _____

h. Laundry and cleaning \$ _____

i. Clothes \$ _____

j. Education \$ _____

k. Entertainment, gifts, and vacation \$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____

n. Savings and investments \$ _____

o. Charitable contributions \$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____

q. Other (specify): \$ _____

r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____

s. Amount of expenses paid by others \$ _____

**** COMPLETE ALL INFO THAT APPLIES TO YOUR CURRENT MONTHLY EXPENSES ****

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
EXAMPLES:	CAR PYMT	\$ MONTHLY	\$	
	CREDIT CARD	\$ PAYMENT	\$	
	DOCTOR BILL	\$ AMOUNTS	\$	
	COURT FINES	\$	\$	
	STUDENT LOANS	\$	\$	
		\$	\$	

15. Attorney fees (This information is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)

 (SIGNATURE OF ATTORNEY)

PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): **XX** children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

**** WRITE THE SCHEDULE OF VISITATION THAT YOU AND THE OTHER PARENT ARE CURRENTLY FOLLOWING, IF APPLICABLE ****

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

**** LIST INSURANCE INFORMATION FROM YOUR JOB - DO NOT LIST MEDI-CAL ****

- d. The monthly cost for the children's health insurance is or would be (specify): \$ _____
 (Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month
a. Child care so I can work or get job training	\$ _____
b. Children's health care not covered by insurance	\$ _____
c. Travel expenses for visitation	\$ _____
d. Children's educational or other special needs (specify below):	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children (specify):		

LIST CHILDREN OF A DIFFERENT RELATIONSHIP WHO LIVE IN THE HOME WITH YOU

(3) Child support I receive for those children \$ _____

The expenses listed in a, b and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
1.	REAL ESTATE	D/M = DURING MARRIAGE	\$ HOW MUCH IS IT WORTH?		\$ HOW MUCH DO YOU OWE?		\$ GROSS VALUE MINUS DEBT = NET VALUE	\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES								
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.								
4.	VEHICLES, BOATS, TRAILERS								
5.	SAVINGS ACCOUNTS								
6.	CHECKING ACCOUNTS								

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS								

A		B	C	D	
ITEM NO.	DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION	
				Award or Confirm to:	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS		\$	\$	\$
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS-UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS		0	0	0

☐ A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

► SIGN YOUR NAME

SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (name and address): <div style="display: flex; justify-content: space-between;"><div>YOUR NAME YOUR MAILING ADDRESS</div><div>TELEPHONE NO.: YOUR PHONE #</div></div>	
ATTORNEY FOR (name): IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare	
PETITIONER: YOUR NAME	
RESPONDENT: SPOUSE 'S NAME	
SCHEDULE OF ASSETS AND DEBTS <input checked="" type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

- INSTRUCTIONS -

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) ** LIST THINGS YOU NEED THE COURT TO HELP WITH DIVIDING. THIS CAN INCLUDE THINGS YOU HAVE TOGETHER OR THINGS THAT ARE JUST YOURS OR JUST YOUR SPOUSE'S **			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.)				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.)				

Page 1 of 4

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS-SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS - UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify.):</i>			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$	

27. ☐ *(Specify number):* _____ pages are attached as continuation sheets.

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

(TYPE OR PRINT NAME)



SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

1. **LEGAL RELATIONSHIP** (check all that apply):
- a. ☐ We are married.
- b. ☐ We are domestic partners and our domestic partnership was established in California.
- c. ☐ We are domestic partners and our domestic partnership was NOT established in California.
2. **RESIDENCE REQUIREMENTS** (check all that apply):
- a. ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
- b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
Petitioner lives in (specify): _____ Respondent lives in (specify): _____
3. **STATISTICAL FACTS**
- a. ☐ (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
(3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. ☐ (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
(2) Date of separation (specify): _____
(3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months
4. **MINOR CHILDREN**
- a. ☐ There are no minor children.
- b. ☐ The minor children are:
- | Child's name | Birthdate | Age |
|--------------|-----------|-----|
|--------------|-----------|-----|

- (1) ☐ continued on Attachment 4b. (2) ☐ a child who is not yet born.
- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. ☐ Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (*Attach a copy if available.*)

PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME	CASE NUMBER:
--	--------------

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a. ☐ Respondent contends that the parties never legally married or registered a domestic partnership.
- b. ☐ Respondent denies the grounds set forth in item 5 of the petition.
- c. ☐ Respondent requests
- (1) ☐ Divorce ☐ Legal separation of the marriage or domestic partnership based on
- (a) ☐ irreconcilable differences. (b) ☐ permanent legal incapacity to make decisions.
- (2) ☐ Nullity of void marriage or domestic partnership based on
- (a) ☐ incest. (b) ☐ bigamy.
- (3) ☐ Nullity of voidable marriage or domestic partnership based on
- (a) ☐ respondent's age at time of registration of domestic partnership or marriage. (d) ☐ fraud.
- (b) ☐ prior existing marriage or domestic partnership. (e) ☐ force.
- (c) ☐ unsound mind. (f) ☐ physical incapacity.

6. 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 6c(1)

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. ☐ Other (specify):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. ☐ Spousal or domestic partner support payable to ☐ Petitioner ☐ Respondent
- b. ☐ Terminate (end) the court's ability to award support to ☐ Petitioner ☐ Respondent
- c. ☐ Reserve for future determination the issue of support payable to ☐ Petitioner ☐ Respondent
- d. ☐ Other (specify):

9. SEPARATE PROPERTY

- a. ☐ There are no such assets or debts that I know of to be confirmed by the court.
- b. ☐ Confirm as separate property the assets and debts in ☐ Property Declaration (form FL-160). ☐ Attachment 9b.
- ☐ the following list. Item Confirm to

PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME	CASE NUMBER:
--	--------------

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. ☐ There are no such assets or debts that I know of to be divided by the court.
- b. ☐ Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
☐ in *Property Declaration* (form FL-160). ☐ in Attachment 10b.
☐ as follows (*specify*):

11. OTHER REQUESTS

- a. ☐ Attorney's fees and costs payable by ☐ Petitioner ☐ Respondent
- b. ☐ Respondent's former name be restored to (*specify*):
- c. ☐ Other (*specify*):

☐ Continued on Attachment 11c.

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)

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form FL-107-INFO) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

PARTY WITHOUT ATTORNEY <i>or</i> ATTORNEY NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR MAILING ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME: PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME	FOR COURT USE ONLY ** THIS FORM WILL BE COMPLETED BY THE PERSON WHO SERVES YOUR SPOUSE WITH THEIR SET OF COPIES ** - YOU MUST MAKE ONE COPY AND FILE IT WITH THE COURT UPON COMPLETION
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: YOUR CASE #

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) (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (2) ☒ Completed and blank *Declaration of Disclosure* (form FL-140) (6) ☒ Completed and blank *Property Declaration* (form FL-160)
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142) (7) ☐ Request for Order (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
- (4) ☒ Completed and blank *Income and Expense Declaration* (form FL-150) (8) ☐ Other (specify):

2. Address where respondent was served:

ADDRESS OF SERVICE

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

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: YOUR NAME	CASE NUMBER:
RESPONDENT: SPOUSE'S NAME	

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: NAME AND ADDRESS OF THE PERSON WHO SERVED THE PAPERS FOR YOU

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: DATE OF SIGNING

YOUR SERVER'S PRINTED NAME

(NAME OF PERSON WHO SERVED PAPERS)

YOUR SERVER'S SIGNATURE

(SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR MAILING ADDRESS		** COMPLETE THIS FORM AFTER YOUR SPOUSE HAS BEEN SERVED WITH YOUR COPIES OF THE FL-140, FL-150, AND FL-142 OR FL-160 **
TELEPHONE NO.: YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name): IN PRO PER		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:		
PETITIONER: YOUR NAME RESPONDENT: SPOUSE'S NAME OTHER PARENT/PARTY:		
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div> <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>		CASE NUMBER: YOUR CASE #

1. I am the ☐ attorney for ☒ petitioner ☐ respondent in this matter.
2. ☒ Petitioner's ☐ Respondent's Preliminary Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
☒ the other party ☐ the other party's attorney by ☒ personal service ☐ mail
☐ Other (specify):
 on (date): ** WRITE THE DATE OF SERVICE HERE **
3. ☐ Petitioner's ☐ Respondent's Final Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
☐ the other party ☐ other party's attorney by ☐ personal service ☐ mail
☐ Other (specify):
 on (date):
4. ☐ Service of ☐ Petitioner's ☐ Respondent's ☐ preliminary ☐ final declaration of disclosure ☐ current income and expense declaration has been waived as follows:
 - a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.) (Form FL-144 may be used for this purpose.) The waiver ☐ was filed on (date):
☐ is being filed at the same time as this form.
 - b. ☐ The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. ☐ This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

Date: DATE OF SIGNING

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
SIGNATURE

NOTE: File this document with the court.
 Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.