



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE**
www.tulare.courts.ca.gov
559-730-5000

PETITION TO DETERMINE PARENTAL RELATIONSHIP

Forms included in this packet:		
FOR YOU TO READ	Instructions	
FOR YOU TO COMPLETE AND FILE	Summons	Judicial Council Form #FL-210
	Petition to Determine Parental Relationship	Judicial Council Form # FL-200
	Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act	Judicial Council Form #FL-105/GC-120(A)
FOR YOU TO SERVE	Response to Petition to Determine Parental Relationship	Judicial Council Form #FL-220
TO FILE AFTER SERVICE	Proof of Service of Summons	Judicial Council Form #FL-115

SELF HELP RESOURCE CENTER

If you are filing a **Petition to Determine Parental Relationship** and do not have an attorney representing you, free assistance is available. Please contact:

Superior Court of California, County of Tulare

SELF-HELP RESOURCE CENTER

(559) 737-5500

221 S. Mooney Blvd. (County Civic Center), Room 203, Visalia CA 93291 OR

300 E. Olive Ave. (South County Justice Center), Porterville, CA 93257

The Self-Help Resource Center (also known as the Family Law Facilitator) will provide instructions on how to complete the forms and how to properly serve notice on all the necessary parties. They can answer your procedural questions and explain the court process. The Self-Help Resource Center **CANNOT** represent you in court.

The Self-Help Resource Center offers workshops once a week on completing all the necessary forms to file you Petition for Custody and Support. Contact them at **(559) 737-5500** for a current schedule of upcoming classes.

This is an instructional guide to filing a Petition to Determine Parental Relationship, designed to explain the necessary steps for filing a new case to obtain a judgment of parental relationship and obtaining an order of child custody and visitation and/or child support.

Fillable, printable pdf versions of the Judicial Council forms contained in this packet are available online at <https://www.courts.ca.gov/forms.htm>. You can type the forms and print them out for filing. You can also use a forms completion program at <https://sharpcourts.org/paternityparentage/>

If you have further questions or concerns regarding your custody and visitation case, you may wish to consult with an attorney, use the assistance of a paralegal or typing service, or do self-research at the Tulare County Law Library (on the ground floor of the Visalia Courthouse, with Law Library computer terminals also available in the Self-Help Resource Center in the Porterville courthouse) or on the California Courts' Self-Help website at <https://www.courts.ca.gov/selfhelp-parentage.htm>. Select the Spanish icon at the right of the webpage for information in Spanish.

USE THESE FORMS TO OBTAIN A JUDGMENT OF PARENTAL RELATIONSHIP. ASK YOURSELF:

- ✓ DID BOTH PARENTS SIGN THE BIRTH CERTIFICATE?
- ✓ DID BOTH PARENTS SIGN A VOLUNTARY DECLARATION OF PATERNITY?
(usually this is done in the hospital before the parents sign the birth certificate)
- ✓ IS THERE A JUDGMENT IN A CHILD SUPPORT CASE LISTING BOTH PARENTS?

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, STOP. YOU WILL NOT USE THIS PACKET.

INSTRUCTIONS

NOTE: Please read and complete all applicable forms thoroughly and follow all of the required procedures – failure to do so may result in the Court delaying or denying your request.

STEP 1

COMPLETE THE NECESSARY FORMS

This packet includes the following forms, which you will need to complete:

1. **Summons** (*Judicial Council Form # FL-210*)
2. **Petition to Determine Parental Relationship** (*Judicial Council Form # FL-200*)
3. **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act**
(*Judicial Council Form # FL-105*)
4. **Proof of Service of Summons** (*Judicial Council Form # FL-115*)

When filling out the forms, you are the **Petitioner and the other party is the **Respondent**.*

You will also need the **Request for Order** packet so that you can schedule a hearing to get custody and visitation and/or child support orders.

IF you want to ask for a child support order, please ask the clerk for two copies of the **Income and Expense Declaration** (*Judicial Council Form # FL-150*). You will need to complete one and leave the other one blank for service on the other parent.

There is a fee for filing these forms. If you would like to apply for a fee waiver, please request a **Fee Waiver** packet from the clerk.

STEP 2

MAKE COPIES OF REQUIRED FORMS

1. **(Optional) One copy each** of the Fee Waiver forms (FW-001) and (FW-003)
2. **Two copies each:**
 - a. **Summons** (FL-210)
 - b. **Petition to Determine Parental Relationship** (FL-260)

- c. **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act** (FL-105)
- d. **Request for Order** (FL-300)
- e. **Income and Expense Declaration** (FL-150) - *if requesting Child Support*

STEP 2 FILE COMPETED FORMS AND PAY FEES

File the originals and the copies together in Room 201 in the Visalia County Civic Center courthouse or at the Clerk’s service counter in the South County Justice Center in Porterville.

When you file your forms, the Clerk will write the date and time of your hearing on the Request for Order (FL-300). The clerk will keep the originals and return your copies to you stamped “filed.” One of these copies is for you to keep and the other is to serve on the other party.

STEP 3 SERVE THE OTHER PARTY

“Service” means someone 18 years or older, **other than you**, will hand-deliver the forms to the other parent. You will need to have someone serve the following forms on the other parent:

- a. Summons (FL-210)
- b. Petition to Determine Parental Relationship (FL-200)
- c. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (FL-105)
- d. Request for Order (FL-300)
- e. Income and Expense Declaration (FL-150) – *if requesting child support*
- f. **Blank** Response to Petition for Custody and Support (FL-270)
- g. **Blank** Responsive Declaration to Request for Order (FL-320)
- h. **Blank** Income and Expense Declaration (FL-150) – *if requesting child support*

The person who serves the forms must complete and sign the **Proof of Service of Summons** (FL-115).

STEP 4 FILE THE PROOF OF SERVICE

You **must** file the original and one copy of your **Proof of Service of Summons** after the other party is served. The Proof of Service tells the court that the other party received the forms and was legally notified of the court date.

File the original and one copy of the completed Proof of Service. The clerk will give you back your copy for your records. Keep this copy as proof that the other party was served.

STEP 5 GO TO COURT ON THE DAY OF YOUR HEARING

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

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 30 calendar days 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><i>Tiene 30 días de calendario</i> 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><i>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.</i></p>
<p>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 bar association.</p>	<p><i>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.</i></p>
<p>NOTICE: <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>AVISO: <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 despidia 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>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.</p>	<p>EXENCIÓN DE CUOTAS: <i>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.</i></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 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. 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. O llame a Covered California al 1-800-300-0213.

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

1. The petitioner
 - a. gave birth to the children listed in item 2.
 - b. wants to be determined as a parent of the children in item 2 because *(specify)*:
 - c. wants to be determined as not a parent of the children listed in item 2 because *(specify)*:
 - d. is the child or the child's personal representative *(specify court and date of appointment)*:
 - e. Other *(specify)*:

2. The children are
 - a.

	<u>Birthdate</u>	<u>Age</u>
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 - b. a child who is not yet born.

3. The court has jurisdiction over the respondent because the respondent:
 - a. lives in this state.
 - b. had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 - c. Other *(specify)*:

4. The action is brought in this county because *(you must check one or more to file in this county)*:
 - a. the children live or are found in this county.
 - b. a parent is deceased and proceedings for administration of the estate have been or could be started in this county.

5. Petitioner claims *(check all that apply)*:
 - a. respondent is the parent of the children listed in item 2 above.
 - b. parentage has been determined by a voluntary declaration of parentage or paternity. *(Attach a copy if available.)*
 - c. respondent is the children's parent and has failed to support the children.
 - d. *(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 <i>(specify)</i> :
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 - e. public assistance is being provided to the children.
 - f. Other *(specify)*:

6. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#)) is attached.

PETITIONER: RESPONDENT:	CASE NUMBER:
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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 <input type="checkbox"/>	Respondent <input type="checkbox"/>	Joint <input type="checkbox"/>
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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* (form [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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies only to family law cases.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i>	CASE NUMBER:
GUARDIANSHIP OF (Name): _____ Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number)*: _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.) Page 1 of 2

SHORT TITLE: 	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 <i>(name, state, 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. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
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	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have 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 <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child
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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:

_____ _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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.

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

 - 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: RESPONDENT:	CASE NUMBER:
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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* (form 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.

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>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	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 him or her 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: RESPONDENT:	CASE NUMBER:
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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: _____
- d. **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)

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>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	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)