

# RESPONSE TO PETITION FOR DISSOLUTION OF MARRIAGE (WITH CHILDREN)

FORMS ARE AVAILABLE AT [WWW.SUTTERCOURTS.COM](http://WWW.SUTTERCOURTS.COM) OR [WWW.COURTS.CA.GOV](http://WWW.COURTS.CA.GOV)

## GENERAL INFORMATION

The purpose of an **FL-120 *Response-Marriage*** is to provide you an opportunity to respond to a Petition for Dissolution of Marriage, Legal Separation, or Nullity. A ***Response*** allows an individual to object to anything in the Petition and make requests about property, child custody, and/or child visitation. Along with the Petition, you will also be served with a Summons. It is important to read the STANDARD RESTRAINING ORDERS on the back of the Summons as these will apply to you once you have been served. Furthermore, you should also be provided with a MINUTE ORDER that provides you with your first status review court date. Pay attention to this MINUTE ORDER and the court date so that you know when and where you must appear.

You have thirty (30) days from the DATE YOU WERE SERVED to respond to the Petition. If you DO NOT RESPOND within the thirty (30) days, the other party has the right to request a **Default Judgment** because of your failure to respond and the Court may grant everything requested in the Petition.

You will need the following:

- **FL-120 *Response-Marriage (Family Law)***
- **FL-105 *Declaration Under UCCJEA***: This form is mandatory if you have children of *this* marriage. It tells the Court where the child has been living for the past five years in addition to giving the Court information on any other cases that may exist.
- **FL-160 *Property Declaration (if applicable)***
- **FL-140 *Declaration of Disclosure***
- **FL-141 *Declaration Regarding Service of Declaration of Disclosure***
- **FL-150 *Income and Expense Declaration***
- **FL-335 *Proof of Service by Mail***

Optional Attachment, which can be found on our website or at the Self-Help Desk:

- **FL-311 *Child Custody and Visitation Application***: This is optional and it is used to tell the Court what child custody and/or parenting plan you would like the Court to order.

## FILING AND SERVING INSTRUCTIONS

There is a filing fee required for filing the Response. You can apply for a waiver of the court fees.

All ORIGINAL completed forms need to be copied TWO TIMES and filed with the Court. ALL THE COPIES will be "Endorsed Filed". One copy of each is for you and the other set of copies is for the other party.

### **SERVING THE OTHER PARTY**

Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18 YEARS OLD** serve the other party with the documents above. They can be mailed to the Petitioner's address on file with the court. Have the server complete the ***Proof of Service by Mail (FL-335)*** form and then file it with the Court.

REVISED 01/01/2023

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR  
FAMILY LAW INFORMATION CENTER**

CSJ  
530-822-3305

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> FIRM NAME: STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">YOUR STREET ADDRESS</span> CITY: <span style="border: 1px solid red; padding: 2px;">YOUR CITY, STATE, ZIP CODE</span> TELEPHONE NO.: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, ZIP CODE</span> BRANCH NAME:		
PETITIONER: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH</span> RESPONDENT:		
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Dissolution (Divorce) of:  <input type="checkbox"/> Legal Separation of:  <input type="checkbox"/> Nullity of:         </div> <div style="width: 30%;"> <input type="checkbox"/> Marriage  <input type="checkbox"/> Marriage  <input type="checkbox"/> Marriage         </div> <div style="width: 30%;"> <input type="checkbox"/> Domestic Partnership  <input type="checkbox"/> Domestic Partnership  <input type="checkbox"/> Domestic Partnership         </div> </div>		CASE NUMBER:  <div style="border: 1px solid red; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;">COURT CASE NUMBER</div>

1. **LEGAL RELATIONSHIP** (check all that apply): CHECK APPROPRIATE BOX
    - 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): CHECK APPROPRIATE BOX
    - 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** CHECK APPROPRIATE BOX
    - a. ☐ (1) Date of marriage (specify): MONTH / DAY / YEAR      (2) Date of separation (specify): MONTH / DAY / YEAR OF SEPARATION  
 (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
CHILD'S FULL NAME (OLDEST CHILD FIRST)	CHILD'S DATE OF BIRTH MONTH / DAY / YEAR	CHILD'S 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: RESPONDENT:	CASE NUMBER:
<div style="border: 1px solid red; padding: 2px; color: red; font-weight: bold;">FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH</div>	<div style="border: 1px solid red; padding: 2px; color: red; font-weight: bold;">COURT CASE NUMBER</div>

Respondent requests that the court make the following orders:

CHECK THE APPROPRIATE BOXES

**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.

CHECK THE BOXES TO TELL THE COURT WHO YOU WANT TO HAVE LEGAL AND PHYSICAL CUSTODY OF THE CHILD(REN) AS WELL AS VISITATION.

**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)

CHECK APPROPRIATE BOXES IF USING THESE OPTIONAL FORMS

**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):

YOU MUST CHECK 1 BOX FOR YOU (RESPONDENT) AND 1 BOX FOR PETITIONER, THEN THE CORRESPONDING OUTSIDE BOX.

**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

IF YOU HAVE ANY PROPERTY THAT YOU HAD BEFORE MARRIAGE, AS A GIFT, THROUGH INHERITANCE, AND/OR AFTER THE DATE OF SEPARATION, CHECK (b) AND THE PROPERTY DECLARATION BOX.

IF YOU HAVE NO PERSONAL PROPERTY LEFT TO EXCHANGE, CHECK (a) AND WRITE IN THIS SPACE THE FOLLOWING:

"ALL PERSONAL PROPERTY IN THE POSSESSION OF THE PETITIONER CONFIRM TO THE PETITIONER."  
"ALL PERSONAL PROPERTY IN THE POSSESSION OF THE RESPONDENT CONFIRM TO THE RESPONDENT."

PETITIONER: RESPONDENT:	FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH	CASE NUMBER:	COURT CASE NUMBER
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## 10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

CHECK THIS BOX IF YOU DO NOT HAVE ANY 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
- ☐ Property Declaration (form [FL-160](#)). ☐ Attachment 10b.
- ☐ as follows (specify):

IF YOU HAVE ANY MARITAL ASSETS AND/OR DEBTS, CHECK THESE BOXES AND  
COMPLETE FORM FL-160 PROPERTY DECLARATION FOR YOUR COMMUNITY  
PROPERTY/DEBTS.

## 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):

IF YOU WOULD LIKE THE NAME YOU HAD PRIOR TO THIS MARRIAGE  
RESTORED, CHECK THIS BOX AND WRITE THE FULL NAME HERE.

☐ 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: 

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR 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](http://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.



PETITIONER:  
RESPONDENT:  
CHILD/PARTY:

**FILL THIS OUT EXACTLY AS THE INFORMATION  
APPEARS ON YOUR OTHER DOCUMENTS**

CASE NUMBER:

**COURT CASE NUMBER**

**CHECK A BOX TO  
SHOW WHAT THIS  
FORM IS BEING  
ATTACHED TO**

# CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order  
☐ Other (specify):

1. a. ☒ **Custody.** Custody of the minor children of the parties is requested as follows:

☐ [Attachment 1a.](#)

Child's Name

Date of Birth

Legal Custody to  
(person who decides about the child's  
health, education, and welfare)

Physical Custody to  
(person the child  
regularly lives with)

**COMPLETE #1 a.**

**IF THERE ARE  
ALLEGATIONS OF  
ABUSE, ALSO  
COMPLETE #1 b.**

**CHILD'S FULL NAME  
(OLDEST CHILD FIRST)**

**CHILD'S DATE OF BIRTH  
MONTH / DAY / YEAR**

**WRITE IN THE NAME(S) OF  
WHO YOU WANT TO MAKE  
DECISIONS ABOUT THE CHILD**

**WRITE IN THE NAME(S)  
OF WHO YOU WANT THE  
CHILD TO LIVE WITH**

b. ☐ **Custody with allegations of a history of abuse or substance abuse**

**COMPLETE (1)  
OR (2) FOR  
ABUSE  
ALLEGATIONS.**

(1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.

(2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

**COMPLETE (3)  
OR (4) FOR  
CUSTODY  
ORDERS  
REQUESTED.**

(3) ☐ I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.

(4) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 1a.  
(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)

☐ Below: ☐ [Attachment 1b.](#) ☐ Other (specify):

**CHECK ALL BOXES IN #2 THAT APPLY.  
DESCRIBE THE PARENTING PLAN THAT YOU  
WANT THE COURT TO ORDER.**

2. ☒ **Visitation (Parenting Time).**

**Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.**

- a. ☐ Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b. ☐ See the attached \_\_\_\_\_ -page document dated (specify date):
- c. ☐ The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d. ☐ No visitation (parenting time).

☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** parenting time (visitation) will be as follows:

1st  2nd  3rd  4th  5th weekend of the month

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
(day of week) (time)  after school

(b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
(day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
(day of week) (time)  after school

3. ☐ Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns

(1) I ask that ☐ petitioner ☐ respondent ☐ other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (*specify*):

(b) ☐ Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

**IF YOU ARE ASKING  
FOR THE OTHER  
PARENT'S  
VISITATION TO BE  
SUPERVISED  
WHERE THERE ARE  
ALLEGATIONS OF  
ABUSE, COMPLETE  
#3 a.**

*(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)*

☐ Below ☐ in Attachment 3a(2) ☐ Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER: <b>COURT CASE NUMBER</b>
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(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

- (i) ☐ The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.
- (ii) ☐ The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.

(iii) The provider's phone number is (specify):

(b) Any costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent.  
other parent/party: \_\_\_\_\_ percent.

b. ☐ **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

**IF YOU ARE ASKING  
FOR THE OTHER  
PARENT'S  
VISITATION TO BE  
UNSUPERVISED  
WHERE THERE ARE  
ALLEGATIONS OF  
ABUSE, COMPLETE  
#3 b.**

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): ☐ Petitioner ☐ Respondent ☐ Other parent/party
- (4) The reasons why the court should make the orders are (specify):  
(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)  
☐ Below: ☐ in Attachment 3b. ☐ Other (specify):

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. ☐ **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- b. ☐ Transportation to begin the visits will be provided by (name):
- c. ☐ Transportation from the visits will be provided by (name):
- d. ☐ The exchange point at the beginning of the visit will be (address):
- e. ☐ The exchange point at the end of the visit will be (address):
- f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g. ☐ Other (specify):

**SECTION 4 IS FOR REQUESTING  
SPECIFIC TRANSPORTATION  
ORDERS.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT <u>EXACTLY</u> AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 5px; text-align: center; margin-top: 5px;">           COURT CASE NUMBER         </div>
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5. ☐ **Travel with children** The ☐ Petitioner ☐ Respondent ☐ Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a. ☐ the state of California.
  - b. ☐ the following counties (*specify*):
  - c. ☐ other places (*specify*):

SECTION 5 IS FOR REQUESTING  
 THE COURT TO RESTRICT  
 TRAVELING WITH THE CHILDREN.

6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached [form FL-312](#).
7. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out ☐ below ☐ [on form FL-341\(C\)](#)

SECTIONS 6 – 9 ARE FOR THE OPTIONAL  
 CHILD CUSTODY/VISITATION  
 ATTACHMENTS. CHECK ALL BOXES THAT  
 APPLY FOR THE FORMS YOU USE.

8. ☐ **Additional custody provisions.** I request the additional orders for custody set out ☐ below ☐ [on form FL-341\(D\)](#)

9. ☐ **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out ☐ below ☐ [on form FL-341\(E\)](#)

10. ☐ **Other.** I request the following additional orders (*specify*):



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px;">           YOUR NAME            YOUR STREET ADDRESS            YOUR CITY, STATE, and ZIP CODE         </div> TELEPHONE NO.: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY   <div style="border: 1px solid red; padding: 10px; margin: 10px;">           THIS FORM IS TO TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST FIVE YEARS.         </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span>  STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> MAILING ADDRESS: CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, and ZIP CODE</span> BRANCH NAME:	
PETITIONER: (This section applies only to family law cases.) RESPONDENT: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span> OTHER PARTY:	
GUARDIANSHIP OF (Name): (This section applies only to guardianship cases.) <span style="float: right;">Minor</span>	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	
CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>	

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. WRITE IN THE NUMBER OF CHILDREN
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	<span style="border: 1px solid red; padding: 2px;">OLDEST CHILD'S NAME</span>	Place of birth	<span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth	<span style="border: 1px solid red; padding: 2px;">MM / DD / YYYY</span>	Sex	<span style="border: 1px solid red; padding: 2px;">M or F</span>
Period of residence	Address	Person child lived with (name and complete current address)		Relationship			
to present	<span style="border: 1px solid red; padding: 2px;">CURRENT ADDRESS FOR THE CHILD</span> <input type="checkbox"/> Confidential	<span style="border: 1px solid red; padding: 2px;">NAME OF PERSON THE CHILD LIVES WITH AT THAT ADDRESS</span>		<span style="border: 1px solid red; padding: 2px;">RELATIONSHIP OF PERSON TO CHILD</span>			
to	Child's residence (City, State)	Person child lived with (name and complete current address)					
to	<span style="border: 1px solid red; padding: 2px;">PREVIOUS ADDRESSES FOR THE CHILD FOR FIVE YEARS GO IN THESE BOXES.</span>	Person child lived with (name and complete current address)					
to	<span style="border: 1px solid red; padding: 2px;">MAKE SURE THE "PERIOD OF RESIDENCE" DATES, DIAGONAL FROM EACH OTHER, MATCH.</span>	Person child lived with (name and complete current address)					
to		Person child lived with (name and complete current address)					
b. Child's name	<span style="border: 1px solid red; padding: 2px;">NEXT OLDEST CHILD'S NAME</span>	Place of birth	<span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth	<span style="border: 1px solid red; padding: 2px;">MM / DD / YYYY</span>	Sex	<span style="border: 1px solid red; padding: 2px;">M or F</span>
<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	Address	Person child lived with (name and complete current address)		Relationship			
to	<input type="checkbox"/> Confidential						
to	Child's residence (City, State)	Person child lived with (name and complete current address)					
to		Person child lived with (name and complete current address)					
to		Person child lived with (name and complete current address)					
<span style="border: 1px solid red; padding: 2px;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</span> <span style="border: 1px solid red; padding: 2px; margin-left: 20px;">IF THE CHILDREN HAVE NOT BEEN LIVING AT THE SAME ADDRESSES, THEN TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS.</span>							
<span style="border: 1px solid red; padding: 2px;">IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK BOX C AND CREATE AN ATTACHMENT TITLED "ATTACHMENT 3C" AND LIST THE ADDITIONAL ADDRESSES.</span>							
<span style="border: 1px solid red; padding: 2px;">IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THIS CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A).</span>							
c. <input type="checkbox"/>	Additional residence information for a child listed in item a or b is continued on attachment 3c.						
d. <input type="checkbox"/>	Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)						

SHORT TITLE: <span style="border: 1px solid red; padding: 2px 10px;">LAST NAME VS. LAST NAME</span>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px 10px;">COURT CASE NUMBER</span>
---	---

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

TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF YES, COMPLETE THE INFORMATION IN THIS SECTION.

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

CHECK THIS BOX IF THERE ARE ANY DOMESTIC VIOLENCE RESTRAINING ORDERS NOW IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION.

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	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.

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

Date: DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR 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 NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> FIRM NAME: STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">YOUR STREET ADDRESS</span> CITY: <span style="border: 1px solid red; padding: 2px;">YOUR CITY, STATE, and ZIP CODE</span> STATE: ZIP CODE: TELEPHONE NO.: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, and ZIP CODE</span> BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<span style="border: 1px solid red; padding: 2px;">FILL OUT EXACTLY AS THIS INFORMATION APPEARS ON YOUR OTHER DOCUMENTS.</span>
<input type="checkbox"/> PETITIONER'S <input checked="" type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>

CHECK THE BOX FOR THE TYPE OF PROPERTY. IF YOU HAVE BOTH KINDS OF PROPERTY, YOU MUST DO TWO FL-160 FORMS.

See Instructions on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

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 <span style="border: 1px solid red; padding: 2px;">LIST EACH ADDRESS</span>	<span style="border: 1px solid red; padding: 2px;">IN THIS COLUMN, GIVE THE DATE YOU GOT THE ITEM YOU ARE LISTING</span>	<span style="border: 1px solid red; padding: 2px;">IN THIS COLUMN, GIVE THE CURRENT VALUE OF EACH ITEM LISTED</span>	<span style="border: 1px solid red; padding: 2px;">IN THIS COLUMN, GIVE THE AMOUNT STILL OWED ON EACH SPECIFIC ITEM</span>	<span style="border: 1px solid red; padding: 2px;">IN THIS COLUMN, SUBTRACT THE DEBT OWED FROM THE CURRENT VALUE</span>	<span style="border: 1px solid red; padding: 2px;">IN THESE COLUMNS, LIST THE DOLLAR AMOUNT THAT THE PETITIONER AND/OR RESPONDENT WILL GET FOR EACH ITEM LISTED.</span>	
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <span style="border: 1px solid red; padding: 2px;">DESCRIBE THE SPECIFIC PIECES/ ITEMS YOU NEED DISTRIBUTED</span>						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS <span style="border: 1px solid red; padding: 2px;">LIST THE YEAR, MAKE, MODEL, VIN #, ETC.</span>						
5. SAVINGS ACCOUNTS <span style="border: 1px solid red; padding: 2px;">LIST THE BANK NAME AND ACCOUNT #.</span>						
6. CHECKING ACCOUNTS <span style="border: 1px solid red; padding: 2px;">LIST THE BANK NAME AND ACCOUNT #.</span>						

USE THIS FORM ONLY IF YOU HAVE COMMUNITY OR SEPARATE PROPERTY THAT YOU WOULD LIKE THE COURT TO DIVIDE

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		\$		\$		\$	\$	\$
<div style="border: 2px solid red; padding: 5px; text-align: center; color: red;"> <b>THIS IS PAGE 2 OF THE PROPERTY DECLARATION. CONTINUE LISTING THE ITEMS AND APPROPRIATE MONEY AMOUNTS.</b> </div>									
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								
<div style="border: 2px solid red; padding: 2px; color: red;"> <b>LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT #.</b> </div>									
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		<div style="border: 2px solid red; padding: 5px; text-align: center; color: red;"> <b>TOTAL THE AMOUNTS FOR EACH COLUMN IN #18.</b> </div>						
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		\$	\$	\$
	<div>LIST THE DEBTS YOU NEED DISTRIBUTED IN THE APPROPRIATE AREA</div>	<div>GIVE THE DATE YOU INCURRED THE DEBT</div>	<div>GIVE THE AMOUNT STILL OWED ON EACH DEBT</div>	<div>IN THESE COLUMNS, LIST THE DOLLAR AMOUNT OF THE DEBTS THAT THE PETITIONER AND/OR RESPONDENT WILL TAKE</div>	
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS—UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET	<div>TOTAL THE AMOUNTS FOR EACH COLUMN IN #26.</div>			
26.	TOTAL DEBTS				

☐ 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: 

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>.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin-top: 5px;">           YOUR NAME HERE            YOUR STREET ADDRESS HERE            YOUR CITY, STATE, and ZIP CODE HERE         </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid red; padding: 2px;">TELEPHONE NO.: TELEPHONE #</div> <div style="border: 1px solid red; padding: 2px;">FAX NO.:</div> </div> <div style="margin-top: 5px;">E-MAIL ADDRESS:</div> <div style="margin-top: 5px;">ATTORNEY FOR (Name):</div>		<div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;">FOR RESPONDENT ONLY</div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <span style="border: 1px solid red; padding: 2px 10px;">COUNTY NAME</span> STREET ADDRESS: <span style="border: 1px solid red; padding: 2px 10px;">COURT'S PHYSICAL ADDRESS</span> MAILING ADDRESS: CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px 10px;">COURT'S CITY, STATE, and ZIP CODE</span> BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		
<div style="text-align: center; font-weight: bold;">DECLARATION OF DISCLOSURE</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Petitioner's  <input checked="" type="checkbox"/> Respondent's         </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Preliminary  <input type="checkbox"/> Final         </div> </div>		CASE NUMBER:  <div style="border: 1px solid red; padding: 5px; text-align: center; font-weight: bold;">COURT CASE NUMBER</div>

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.*

**Attached are the following:**

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*).  

IF YOU LISTED COMMUNITY ASSETS IN A PROPERTY DECLARATION, WRITE "SEE PROPERTY DECLARATION FL-160"

IF THERE ARE NO COMMUNITY ASSETS, WRITE "NO COMMUNITY ASSETS"
5. ☒ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).  

IF YOU LISTED COMMUNITY DEBTS IN A PROPERTY DECLARATION, WRITE "SEE PROPERTY DECLARATION FL-160"

IF THERE ARE NO COMMUNITY DEBTS, WRITE "NO COMMUNITY DEBTS"
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*).  

IF THERE ARE INVESTMENT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, DESCRIBE THEM HERE. IF THERE ARE NONE, WRITE "NO BUSINESS OPPORTUNITIES."

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

Date: DATE

PRINT RESPONDENT'S NAME

RESPONDENT'S SIGNATURE

(TYPE OR PRINT NAME)

SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

YOUR NAME  
YOUR STREET ADDRESS  
YOUR CITY, STATE, and ZIP CODE  
TELEPHONE #

TELEPHONE NO.:

FAX NO.:

E-MAIL ADDRESS:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

COUNTY NAME

STREET ADDRESS:

COURT'S PHYSICAL ADDRESS

MAILING ADDRESS:

CITY AND ZIP CODE:

COURT'S CITY, STATE, and ZIP CODE

BRANCH NAME:

PETITIONER:

RESPONDENT:

OTHER PARENT/PARTY:

FILL THIS OUT EXACTLY AS THE INFORMATION  
APPEARS ON YOUR OTHER DOCUMENTS

# DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION

☐

Petitioner's

☒

Preliminary

☒

Respondent's

☐

Final

CASE NUMBER:

COURT CASE NUMBER

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): DATE SERVED
- CHECK THE APPROPRIATE BOX
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

PRINT YOUR NAME

SIGN YOUR NAME

(TYPE OR PRINT 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.



PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <b>YOUR NAME</b> FIRM NAME: STREET ADDRESS: <b>YOUR MAILING ADDRESS</b> CITY: <b>YOUR TELEPHONE #</b> STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>COUNTY NAME</b> STREET ADDRESS: MAILING ADDRESS: <b>COURT'S PHYSICAL ADDRESS</b> CITY AND ZIP CODE: <b>COURT'S CITY, STATE, and ZIP CODE</b> BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		
		CASE NUMBER: <b>COURT CASE NUMBER</b>

**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:  
 c. Employer's phone number:  
 d. Occupation:  
 e. Date job started:  
 f. If unemployed, date job ended:  
 g. I work about \_\_\_\_\_ hours per week.  
 h. I get paid \$ \_\_\_\_\_ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

**FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB.**

(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):  
 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):

**FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.**

**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):

**FILL OUT YOUR INFORMATION FROM THE LAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)**

**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 question number before your answer,

**HOW MUCH DOES THE OTHER PARTY MAKE EACH MONTH AND HOW DO YOU KNOW THIS INFORMATION? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW.**

paper and write the

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: **DATE**

**PRINT YOUR NAME**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME**

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:  COURT 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).....	\$	\$
b. Overtime (gross, before taxes).....	\$	\$
c. Commissions or bonuses.....	\$	\$
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	\$
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	\$
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):	\$	\$

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):

Name of business (specify):

Type of business (specify):

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**

	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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">COURT CASE NUMBER</div>
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## 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.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<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

WRITE DOWN WHO LIVES WITH YOU, THEIR AGE AND RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME

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

<p><b>a. Home:</b></p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p>b. Health-care costs not paid by insurance..... \$ _____</p> <p>c. Child care..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash)..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail..... \$ _____</p>	<p>h. Laundry and cleaning..... \$ _____</p> <p>i. Clothes..... \$ _____</p> <p>j. Education..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)..... \$ _____</p> <p>q. Other (specify): _____</p> <p><b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b>..... \$ _____</p> <p>s. Amount of expenses paid by others..... \$ _____</p>
---	--

ADD UP ALL OF THE EXPENSES YOU LISTED FOR A TOTAL TO PUT HERE

## 14. Installment payments and debts not listed above

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
LIST HERE ANY PAYMENTS YOU ARE MAKING FOR CAR LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC., THE NAME OF THE COMPANY YOU ARE PAYING, HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR LAST PAYMENT. ADD UP ALL OF THE MONTHLY PAYMENT AMOUNTS AND PUT THE TOTAL IN ITEM #13p.				
		\$	\$	
		\$	\$	
		\$	\$	

## 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:

DO NOT SIGN ON THIS PAGE. SECTION 15 IS FOR ATTORNEYS IF YOU ARE ASKING FOR ATTORNEY FEES.

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:
RESPONDENT:		COURT CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:		

## CHILD SUPPORT INFORMATION

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

## 16. Number of children

WRITE IN THE NUMBER OF CHILDREN UNDER 18 YOU HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

- a. I have (specify number): \_\_\_\_\_ 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.)

IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE YOUR PARENTING SCHEDULE HERE.

## 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:

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE IN HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

- 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 expense for the children in this case

- |  | Amount per month |
|--|------------------|
| a. Childcare 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):..... | \$ _____         |

WRITE IN ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

## 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):  |                  |                      |

WRITE DOWN ANY EXTREME HARDSHIPS YOU HAVE IN THIS AREA. WRITE DOWN THE AMOUNT AND FOR HOW MANY MONTHS.

- (3) Child support I receive for those children..... \$ \_\_\_\_\_

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

EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin-top: 10px;">           YOUR NAME            YOUR STREET ADDRESS            YOUR CITY, STATE, ZIP         </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div>E-MAIL ADDRESS (Optional):</div>		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <div style="border: 1px solid red; padding: 2px 10px;">COUNTY NAME</div>			
STREET ADDRESS: <div style="border: 1px solid red; padding: 2px 10px;">COURT'S PHYSICAL ADDRESS</div>			
MAILING ADDRESS: CITY AND ZIP CODE: <div style="border: 1px solid red; padding: 2px 10px;">COURT'S CITY, STATE, ZIP CODE</div>			
BRANCH NAME:			
PETITIONER/PLAINTIFF: <div style="border: 1px solid red; padding: 2px 10px;">FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU SERVED</div>		CASE NUMBER: <div style="border: 1px solid red; padding: 2px 10px;">CASE NUMBER</div>	
RESPONDENT/DEFENDANT:		(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:	
OTHER PARENT/PARTY:			
<b>PROOF OF SERVICE BY MAIL</b>			

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

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

2. My residence or business address is:

SERVER'S STREET ADDRESS  
 SERVER'S CITY, STATE, ZIP

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

WRITE IN THE NAME AND FORM NUMBER OF THE DOCUMENT YOU ARE HAVING SERVED.

by enclosing them in an envelope AND

CHECK THE APPROPRIATE BOX

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

4. The envelope was addressed and mailed as follows:

- a. Name of person served: 

OTHER PARTY'S NAME
- b. Address: 

ADDRESS WHERE THE DOCUMENTS WERE MAILED
- c. Date mailed: 

DATE MAILED
- d. Place of mailing (*city and state*): 

CITY AND STATE WHERE MAILED

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

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

Date: 

DATE

PRINT SERVER'S NAME

SIGNATURE OF SERVER

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)