

# PETITION TO DETERMINE PARENTAL RELATIONSHIP

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

## The following forms are used when filing a Petition to Determine Parental Relationship:

- **FL-200 *Petition to Determine Parental Relationship*:** This document is your request to determine the two parties as the parents of the child/children listed along with establishing issues of child custody, visitation, and/or child support. You will want to fill out the form completely and accurately to make sure the Court knows exactly what you are requesting.
- **FL-311 *Child Custody and Visitation Application Attachment*:** This attachment is used to tell the Court what child custody and/or parenting plan you would like the Court to order.
- **FL-341(C) *Children's Holiday Schedule Attachment*** (Optional Attachment)
- **FL-341(D) *Additional Provisions-Physical Custody Attachment*** (Optional Attachment)
- **FL-341(E) *Joint Legal Custody Attachment*** (Optional Attachment)
- **FL-105 *Declaration Under UCCJEA*:** This form 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-210 *Summons*:** This notifies the other party that he/she is being sued and also contains some standard restraining orders that apply TO BOTH OF YOU.
- **FL-115 *Proof of Service of Summons*:** This form is very important because it determines the date by which the Court has jurisdiction over the other party.
- **FL-220 *Response*:** LEAVE THIS FORM **COMPLETELY** BLANK. Do not file this form. You are required to provide this form to the other party when you serve him/her with your other documents.
- **FL-105 *Declaration Under UCCJEA*:** LEAVE THIS COPY OF THIS FORM **COMPLETELY** BLANK. Do not file this copy of this form. You are required to provide a blank copy of this form to the other party when you serve him/her with your other documents.

## GENERAL INFORMATION

A *Petition to Determine Parental Relationship* (FL-200) is used for individuals who were not married to the other parent of their child, the biological father was not listed on the birth certificate as the father, he did not sign the Voluntary Declaration of Paternity or Parentage when the child was born, and there is no child support Judgment establishing parentage. The *Petition* will establish the two parties as the parents of the child(ren) named and will allow you to obtain orders about child custody, visitation, and/or child support.

There are jurisdictional requirements that must be met before the court can make child custody orders. These requirements include residency in this state for six months before filing the petition, and that there is no other state that has jurisdiction to make orders about the custody of this child.

REVISED 1/1/2023

### SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER

FAMILY LAW FACILITATOR  
FAMILY LAW INFORMATION CENTER

530-822-3305

## **LEGAL TERMS OF CUSTODY DEFINED**

- **Physical Custody:** The child is living primarily with the person who has physical custody of the child.
- **Legal Custody:** Is for making decisions about the child's health, education, and welfare.
- **Sole Physical Custody:** The child shall reside with one parent, subject to the power of the court to order visitation.
- **Joint Physical Custody:** Each parent has periods of physical custody. It does not mean equal time.
- **Sole Legal Custody:** One parent shall have the right to make decisions about the child's health, education, and welfare.
- **Joint Legal Custody:** Both parents share in making decisions about the child's health, education, and welfare.

## **FILING AND SERVING INSTRUCTIONS**

There is a filing fee for a Petition to Determine Parental Relationship. You can apply for a waiver of the court fees. All originals need to be completed, copied TWO times, and filed with the Court. The Court will keep the originals and Endorse File the copies. When you file your documents, the clerk will give you two copies of a **Notice of Status Conference** and a **Referral to Family Court Services**. You will separate all of your Endorsed Filed documents into TWO stacks as follows:

### ***Your Stack***

- FL-200 *Petition* (Including attachments)
- FL-105 *Declaration Under UCCJEA*
- FL-210 *Summons*
- Notice of Status Conference
- Referral to Family Court Services

### ***Other Party's Stack***

- FL-200 *Petition* (Including attachments)
- FL-105 *Declaration Under UCCJEA*
- FL-210 *Summons*
- Notice of Status Conference
- Referral to Family Court Services
- FL-220 *BLANK Response*
- FL-105 *BLANK Declaration Under UCCJEA*

Have someone **OTHER THAN YOU AND OVER THE AGE OF 18** personally serve the other party with the documents above. Have the server complete the **FL-115 *Proof of Service of Summons*** form. If you are unable to have the documents personally served on the other party, you must meet certain requirements to serve by mailing, publishing in the newspaper, or posting in the courthouse.

## **FILE THE PROOF OF SERVICE**

After the other party has been served and the FL-115 *Proof of Service of Summons* has been completed, make a copy for your records and have the original filed with the Court. This form determines the date of jurisdiction for the Court. **YOUR CASE CANNOT PROCEED UNTIL THIS PROOF OF SERVICE IS FILED WITH THE COURT.**

## **WHAT'S NEXT?**

Initiating your case is only the first step. 30 days after the Respondent is served, check with the court to see if the other party has filed a response. If a response HAS NOT been filed by the Respondent, you are eligible to attend a Default Paternity Clinic at the Self-Help Center. You can check the clinic calendar online at [www.suttercourts.com](http://www.suttercourts.com). You may also obtain a clinic calendar from the Self-Help Center. If a response HAS been filed, contact the Self-Help Center for information on your next steps.

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

IF YOU ARE MOTHER, CHECK (A).  
IF YOU ARE FATHER, CHECK (B) AND EXPLAIN  
WHY YOU WANT TO BE THE LEGAL FATHER.

## 2. The children are

- a. Child's name

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

Birthdate

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

Age

**CHILD'S  
AGE**

- 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):

CHECK ALL THE BOXES  
THAT APPLY TO YOUR  
SITUATION, UNDER #3, #4,  
AND #5.

## 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 (specify): |
|--------|------------|----------------|

- 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: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span>	CASE NUMBER:
RESPONDENT: <span style="border: 1px solid red; padding: 2px;">RESPONDENT'S NAME</span>	

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. CHECK THE PERSON YOU ARE TRYING TO ESTABLISH AS THE PARENT
- 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical custody of children to .....                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Child visitation (parenting time) be granted to ..... | <input type="checkbox"/> | <input checked="" 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

CHECK APPROPRIATE BOXES IF USING THESE FORMS

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

☒ Contained in the attached declaration.

USE THE MC-025 ATTACHMENT TO BRIEFLY EXPLAIN WHY YOUR REQUESTED CUSTODY AND VISITATION ORDERS ARE IN THE CHILD(REN)'S BEST INTEREST.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

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

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

CHECK APPROPRIATE BOXES IF REQUESTING ORDERS IN #9 AND/OR #10.

10. FEES AND COSTS OF LITIGATION

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

11. NAME CHANGE

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

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

12. CHILD SUPPORT

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

13. ☐ OTHER ORDERS REQUESTED (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: DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR 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.

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: <div style="border: 2px solid red; padding: 5px; text-align: center; margin-top: 10px;"> <b>COURT CASE NUMBER</b> </div>
---	---	--

(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.)

- (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): \_\_\_\_\_

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

(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: 1px solid red; padding: 2px; display: inline-block; margin-top: 5px;">           COURT CASE NUMBER         </div>
---	--	--

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*):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT <u>EXACTLY</u> AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:  <div style="border: 1px solid black; padding: 2px; text-align: center;">COURT CASE NUMBER</div>
---	--	---

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

### CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order  
☐ Stipulation and Order for Custody and/or Visitation of Children ☐ Findings and Order After Hearing or Judgment  
☐ Visitation Order—Juvenile ☐ Other (*specify*):

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.

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

**THIS IS AN OPTIONAL FORM FOR  
REQUESTING THE COURT TO  
MAKE ORDERS ABOUT SPECIFIC  
HOLIDAYS AND VACATIONS.**

Holidays	Times (from when to when) <i>(Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)</i>	Every Year <i>Petitioner/ Respondent/ Other Parent/Party</i>	Even Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>	Odd Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>
December 31 (New Year's Eve)				
January 1 (New Year's Day)				
Martin Luther King's Birthday (weekend)				
February 12 (Lincoln's Birthday)				
President's Day (Weekend)				
President's Week Recess, first half				
President's Week Recess, second half				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Summer Break				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
November 11 (Veterans Day)				
Thanksgiving Day				
Thanksgiving weekend				
December/January School Break				
Child's birthday ( <i>date</i> ):				
Child's birthday ( <i>date</i> ):				
Child's birthday ( <i>date</i> ):				
Mother's birthday ( <i>date</i> ):				
Father's birthday ( <i>date</i> ):				
Other Parent/Party's birthday ( <i>date</i> ):				
Breaks for year-round schools				

**THIS COLUMN IS TO  
REQUEST A DIFFERENT  
TIME SCHEDULE FOR  
CERTAIN HOLIDAYS.**

**THIS COLUMN  
IS TO REQUEST  
CERTAIN  
HOLIDAYS  
EVERY YEAR.**

**THESE COLUMNS ARE TO  
REQUEST A CERTAIN  
HOLIDAY SCHEDULE BASED  
ON EVEN AND ODD YEARS.**

[illegible]

- Page 2 of 2

**THIS IS AN OPTIONAL FORM WHERE YOU CAN ASK THE COURT TO MAKE  
COMMONLY REQUESTED ORDERS IN CHILD CUSTODY CASES.**

FL-341(D)

PETITIONER:  
RESPONDENT:  
Y:

**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**

**ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT**

- TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order  
☐ Stipulation and Order for Custody and/or Visitation of Children ☐ Findings and Order After Hearing or Judgment  
☐ Custody Order—Juvenile—Final Judgment

**CHECK TO WHOM YOU WANT THE ADDITIONAL PROVISIONS TO APPLY**

The additional provisions to physical custody apply to (*specify parties*): ☐ Petitioner ☐ Respondent ☐ Other Parent/Party

1. ☐ **Notification of parties' current address.** ☐ Petitioner ☐ Respondent ☐ Other Parent/Party

must notify all parties within (*specify number*): \_\_\_\_\_ days of any change in his or her

a. address for ☐ residence ☐ mailing ☐ work ☐ e-mail

b. telephone/message number at ☐ home ☐ cell phone ☐ work ☐ the children's schools

The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.

2. ☐ **Notification of proposed move of child.** Each party must notify the other (*specify number*): \_\_\_\_\_ days before any planned change in residence of the children. The notification must state, to the extent known, the planned address of the children, including the county and state of the new residence. The notification must be sent by certified mail, return receipt requested.

3. ☐ **Child care.**

a. ☐ The children must not be left alone without age-appropriate supervision.

b. ☐ The parties must let each other know the name, address, and phone number of the children's regular child-care providers.

4. ☐ **Right of first option of child care.** In the event any party requires child care for (*specify number*): \_\_\_\_\_ hours or more while the children are in his or her custody, the other party or parties must be given first opportunity, with as much prior notice as possible, to care for the children before other arrangements are made. Unless specifically agreed or ordered by the court, this order does not include regular child care needed when a party is working.

5. ☐ **Canceled visitation (parenting time).**

a. ☐ If the noncustodial party fails to arrive at the appointed time and fails to notify the custodial party that he or she will be late, then the custodial party need wait for only (*specify number*): \_\_\_\_\_ minutes before considering the visitation (parenting time) canceled.

b. ☐ If the noncustodial party is unable to exercise visitation (parenting time) on a given occasion, he or she must notify the custodial party (*specify*):

☐ at the earliest possible opportunity.

☐ Other (*specify*):

c. ☐ If the children are ill and unable to participate in the scheduled visitation (parenting time), the custodial party must give the noncustodial party (*specify*):

☐ as much notice as possible.

☐ A doctor's excuse.

☐ Other (*specify*):

6. ☐ **Phone contact between parties and children.**

a. ☐ The children may have telephone access to the parties ☐ and the parties may have telephone access to the children at reasonable times, for reasonable durations.

b. ☐ The custodial parent must make the child available for the following scheduled telephone contact (*specify child's telephone contact with each party*):

c. ☐ No party or any other third party may listen to, monitor, or interfere with the calls.

**THIS IS PAGE 2 OF AN OPTIONAL FORM WHERE YOU CAN ASK THE COURT TO  
MAKE COMMONLY REQUESTED ORDERS IN CHILD CUSTODY CASES.**

**FL-341(D)**

PETITIONER:  
RESPONDENT:  
OTHER PARENT/PARTY:

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

CASE NUMBER:

**COURT CASE NUMBER**

7. ☐ **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.
8. ☐ **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).
9. ☐ **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.
10. ☐ **Alcohol or substance abuse.** The ☐ petitioner ☐ respondent ☐ other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within (*specify number*): \_\_\_\_\_ hours before or during periods of time with the children ☐ and may not permit any third party to do so in the presence of the children.
11. ☐ **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.
12. ☐ **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.
13. ☐ **Third-party contact.**
- a. ☐ The children will have no contact with (*specify name*): \_\_\_\_\_
- b. ☐ The children must not be left alone in the presence of (*specify name*): \_\_\_\_\_
14. ☐ **Children's clothing and belongings.**
- a. ☐ Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
- b. ☐ The children will be returned to the other party with the clothing and other belongings they had when they arrived.
15. ☐ **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.
16. ☐ **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.
17. ☐ **Other (*specify*):**



PETITIONER:  
RESPONDENT:

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

### JOINT LEGAL CUSTODY ATTACHMENT

- TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order  
☐ Stipulation and Order for Custody and/or Visitation of Children ☐ Findings and Order After Hearing or Judgment  
☐ Custody Order—Juvenile—Final Judgment ☐ Other (specify):

**NOTICE!** In exercising joint legal custody, the parties may act alone, as long as the action does not conflict with any orders about the physical custody of the children. Use this form only if you want to ask the court to make orders specifying when the consent of both parties is required to exercise legal control of the children and the consequences for failing to obtain mutual consent.

IN #1, CHECK TWO BOXES TO SHOW WHO HAS JOINT LEGAL CUSTODY

1. The parties (specify): ☐ Petitioner ☐ Respondent ☐ Other Parent/Party will have joint legal custody of the children.
2. In exercising joint legal custody, the parties will share in the responsibility and discuss in good faith matters concerning the health, education, and welfare of the children. The parties must discuss and consent in making decisions on the following matters:
  - a. ☐ Enrollment in or leaving a particular private or public school or daycare center
  - b. ☐ Beginning or ending of psychiatric, psychological, or other mental health counseling or therapy
  - c. ☐ Participation in extracurricular activities
  - d. ☐ Selection of a doctor, dentist, or other health professional (except in emergency situations)
  - e. ☐ Participation in particular religious activities or institutions
  - f. ☐ Out-of-country or out-of-state travel
  - g. ☐ Other (specify):
3. If a party does not obtain the consent of the other party to those items in 2, which are granted as court orders:
  - a. He or she may be subject to civil or criminal penalties.
  - b. The court may change the legal and physical custody of the minor children.
  - c. ☐ Other consequences (specify):
4. ☐ **Special decision making designation and access to children's records**
  - a. The ☐ petitioner ☐ respondent ☐ other parent/party will be responsible for making decisions regarding the following issues (specify):
  - b. Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
5. ☐ **Health-care notification.**
  - a. ☐ Each party must notify the other of the name and address of each health practitioner who examines or treats the children; such notification must be made within (specify number): days of the first treatment or examination.
  - b. ☐ Each party is authorized to take any and all actions necessary to protect the health and welfare of the children, including but not limited to consent to emergency surgical procedures or treatment. The party authorizing such emergency treatment must notify the other party as soon as possible of the emergency situation and of all procedures or treatment administered to the children.
  - c. ☐ The parties are required to administer any prescribed medications for the children.
6. ☐ **School notification.** Each party will be designated as a person the children's school will contact in the event of an emergency.
7. ☐ **Name.** The parties will not change the last name of the children or have a different name used on the children's medical, school, or other records without the written consent of the other party.
8. ☐ **Other (specify):**

THIS IS AN OPTIONAL FORM WHERE YOU  
CAN ASK THE COURT TO MAKE SPECIFIC  
JOINT LEGAL CUSTODY ORDERS.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;">           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 auto; width: 80%;">           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.) <div style="text-align: right;">Minor</div>	CASE NUMBER:  <div style="border: 1px solid red; padding: 2px; text-align: center;">COURT CASE NUMBER</div>
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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	Place of birth	Date of birth	Sex
<span style="border: 1px solid red; padding: 2px;">OLDEST CHILD'S NAME</span>	<span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	<span style="border: 1px solid red; padding: 2px;">MM / DD / YYYY</span>	<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	Place of birth	Date of birth	Sex
<span style="border: 1px solid red; padding: 2px;">NEXT OLDEST CHILD'S NAME</span>	<span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	<span style="border: 1px solid red; padding: 2px;">MM / DD / YYYY</span>	<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	<span style="border: 1px solid red; padding: 2px;">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>	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	<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>		
to	<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.

# SUMMONS

# CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

OTHER PARTY'S NAME

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

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:

YOUR NAME

CASE NUMBER: (Número de caso)

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-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.

Tiene **30 días de calendario** 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.

If you do not file your *Response* 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.

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.

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](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local bar association.

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

**NOTICE:** 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.

**AVISO:** La orden de protección que aparecen en la página 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidan 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.

**FEE WAIVER:** If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

**EXENCIÓN DE CUOTAS:** Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]

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

COURT'S NAME AND ADDRESS

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

YOUR NAME AND ADDRESS AND  
TELEPHONE NUMBER

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

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

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

**THIS RESTRAINING ORDER  
APPLIES TO YOU, AS WELL  
AS THE OTHER PARTY**

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

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

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

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

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

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

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

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

**NOTICE—ACCESS TO AFFORDABLE HEALTH**

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

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

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



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

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):

CHECK ANY  
OTHER  
BOX(ES) FOR  
ADDITIONAL  
FORM(S) YOU  
COMPLETE

NOTICE OF STATUS CONFERENCE  
REFERRAL TO FAMILY COURT SERVICES

2. Address where respondent was served: **ADDRESS WHERE THE RESPONDENT WAS SERVED  
THE SERVER FILLS THIS OUT**

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

- a. ☒ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): **DATE OTHER PARTY WAS SERVED** at (time): **TIME OTHER PARTY WAS SERVED**

- 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: RESPONDENT:	YOUR NAME FOR PETITIONER OTHER PARTY'S NAME FOR RESPONDENT	CASE NUMBER:
----------------------------	---	--------------

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:

YOUR SERVER'S NAME  
SERVER'S STREET ADDRESS  
SERVER'S CITY, STATE, ZIP CODE

Telephone number:

SERVER'S TELEPHONE #

This person is

CHECK APPROPRIATE BOX

- 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.

IF A SHERIFF SERVES YOUR  
PAPERS, THEY CHECK #6.  
ANYONE ELSE WILL CHECK #5

Date: 

PRINT SERVER'S NAME

(NAME OF PERSON WHO SERVED PAPERS)

SERVER'S SIGNATURE

(SIGNATURE OF PERSON WHO SERVED PAPERS)

- Page 1 of 2



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):         </div> <div style="width: 45%;">           FAX NO. (Optional):         </div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold; font-size: 1.2em;">           BOTH PAGES OF THIS FORM ARE LEFT BLANK AND SERVED ON THE OTHER PARTY         </div>
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____  <small>(This section applies only to guardianship cases.)</small>	
GUARDIANSHIP OF (Name): _____ Minor _____	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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. <i>(If NOT the same, provide the information below.)</i>			
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.)*