



SUPERIOR COURT OF STANISLAUS COUNTY

www.stanct.org

(209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11th Street Room #220 Modesto, CA 95353
(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

Dissolution, Legal Separation and Nullity

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to open a **Dissolution** (divorce), **Legal Separation** (legally separated, but remain legally married) or **Nullity** (annulment) case.

Either party may file paperwork to get orders for custody, visitation or support at any time after the Petition has been filed. Additional packets are available for scheduling hearings to obtain any orders you may need.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, CA and on the following websites:

- **Stanislaus County Superior Court: www.stanct.org**
- **Stanislaus County – Local Forms: www.stanct.org/Forms.aspx?id=3**
- **Judicial Council's Self Help: www.courts.ca.gov/selfhelp.htm**
- **Judicial Council Forms: www.courts.ca.gov/formsrules.htm**
- **Stanislaus County Law Library: www.stanislauslawlibrary.org**
- **Free Interactive Electronic Forms Program: www.icandocs.org/ca/california.html**
- **California's Free Website for Legal Help: www.lawhelpcalifornia.org**
- **Law Libraries, Websites, or Self-Help Legal Books: www.courts.ca.gov/1091.htm**

REQUIRED FORMS:

- **FL003 - Confidential Declaration (Local Form)**
- **FL-100 - Petition**
- **FL-105 - Declaration Under Uniform Child Custody Jur. & Enf. Act**
 - **Only if there are minor children of the marriage**
- **FL-110 - Summons**
- **FL007 - Notice of Family Law Case Management Conference (Local Form)**
 - **THIS FORM MUST BE PRINTED ON BRIGHT GREEN PAPER**
- **FL-115 - Proof of Service of Summons**

CASE MANAGEMENT INFORMATION:

- If you follow the Step by Step guide included in this packet in a timely manner, your Case Management Hearing may be dropped. You will not have to appear if a judgment has been submitted and filed with the court.
- A Case Management Conference Statement form FL-005 must be filed with the court and served on all parties by each counsel or self-represented party by the 15th calendar day before the date set for the Case Management Conference.
- **Refer to the instructions on both sides of the Notice of Family Law Case Management Conference** (this form is green) for rules and requirements related to the Case Management Conference.
- **THE CASE MANAGEMENT CONFERENCE IS NOT A TRIAL, IT DOES NOT RESOLVE SUPPORT OR CUSTODY ISSUES AND IT IS NOT A JUDGMENT HEARING.** This hearing allows the Court to track cases to ensure that they are proceeding as required by law.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: www.stanct.org.

Material distributed by the Superior Court Clerk's Office or Self Help Center **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY**. Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY**. You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the **Stanislaus County Bar Association** at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

5 STEPS TO A FINAL JUDGMENT

1. FILE AND SERVE THE INITIAL DOCUMENTS

- **Summons** (Judicial Form FL-110)
- **Petition** (Judicial Form FL-100)
- **UCCJEA** (if minor children) (Judicial Form FL-105)
- **Notice of Case Management Conference** (Local Form FL-007 must be on green paper)
- **Confidential Declaration** (Local Form FL-003)

File original and 2 copies of each document with the **Family Law Clerk's Office** (1100 "I" Street, Modesto, California). Originals will be kept by the clerk and **file-marked** copies are returned to you. One set is for your records and the other set is to be personally served on the **OTHER PARTY**.

2. FILE PROOF OF SERVICE AND WAIT 30 DAYS

"SERVICE OF PROCESS" must be done by someone over the age of 18 years and **NOT YOU**. It can be a:

- Friend or family member who is not party to the action.
- Process Server for a fee (listed in yellow pages).
- Sherriff's Office where other party is located for a fee.

Person who performs service must complete, date and sign the "**Proof of Service of Summons**" (Judicial Form FL-115). File the "Proof of Service of Summons" with the **Family Law Clerk's Office**.

3. PREPARE & SERVE PROPERTY/INCOME DISCLOSURES

This is **REQUIRED** even if you have no property/assets

- **Declaration of Disclosures** (Judicial Form FL-140)
- **Schedule of Assets & Debts** (Judicial Form FL-142)
- **Income & Expense Declaration** (Judicial Form FL-150)
- **Declaration Regarding Service** (Judicial Form FL-141)

Mail or hand-deliver one copy of each to the other party. **YOU CAN DO THIS**. After service, file original and 1 copy of each of the following documents :

- **Income & Expense Declaration** (Judicial Form FL-150)
- **Declaration Regarding Service** (Judicial Form FL-141)

4. NO RESPONSE FILED <i>(AFTER OTHER PARTY WAS SERVED)</i>	RESPONSE FILED
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File a **Request to Enter Default** (Form FL-165)
Take the "original" and 2 copies of the completed form, along with 2 prepaid envelopes (one addressed to you & one addressed to the other party), to the Family Law Clerk's Office for filing.

If you have reached a settlement agreement you will need:

- Signed & NOTARIZED **Marital Settlement Agreement**

AND YOU HAVE AGREED TO SETTLE

- Signed **Marital Settlement Agreement**
- **Appearance, Stipulations & Waivers** (Form FL-130)
- **Declaration Waiving Disclosures** (Form FL-144)

NO SETTLEMENT AGREEMENT

If there is **NO** agreement, your case will need to be set for trial at the **Case Management Conference Hearing**.

5. PREPARE JUDGMENT

You will need the following to prepare your JUDGMENT:

- Copies of **ALL** documents filed with the court including:
 - **Marital Settlement Agreement** signed by both parties
 - or the Court's **Minute Order** if your case settled at the time of the Court Trial.
 - and all **current orders** for custody/visitation and child/spousal support
- 2 envelopes with postage, 1 addressed to you and 1 addressed to the other party.
- Enough change to make your own copies

Prepare:

Declaration of for Default or Uncontested Matter (Judicial Form FL-170)

Judgment (Judicial Form FL-180)

Notice of Entry of Judgment (Judicial Form FL-190)

Notice or Rights and Responsibilities (Judicial Form FL-192) } *Only if there are minor children of the marriage*
Child Support Case Registry Form (Judicial Form FL-191)

CONFIDENTIAL

AT _____ NEY (NAME, ADDRESS, PHONE) <div style="border: 1px solid red; padding: 5px; width: fit-content;">YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE</div> Attorney for: <div style="border: 1px solid red; padding: 2px 10px;">IN PRO PER</div>	FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner: <div style="border: 1px solid red; padding: 5px; width: fit-content;">Your Name for PETITIONER Other Party's Name for RESPONDENT</div> Respondent:	<div style="border: 1px solid red; padding: 10px; width: fit-content;"> You will be given a Court Case Number when you open the case </div>
CONFIDENTIAL DECLARATION	

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name):

Complete the requested information about yourself.

Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____

Respondent (name):

Complete as much information about your spouse that you know.

Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____

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

Date:

Date Here

PRINT YOUR NAME

 (Type or Print Your Name)

SIGN YOUR NAME

 (Sign Your Name)

This is the Form Number

FOR COURT USE ONLY

SAMPLE

YOUR NAME HERE
YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE

Bar number, and address):

TELEPHONE NO:
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

FAX NO. (Optional):

COUNTY NAME HERE

IN PRO PER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus

STREET ADDRESS: 11
MAILING ADDRESS: P
CITY AND ZIP CODE: Mc
BRANCH NAME:

COURT'S PHYSICAL ADDRESS HERE
COURT'S MAILING ADDRESS HERE
COURT'S CITY, STATE, and ZIP CODE HERE

PETITIONER:
RESPONDENT:
OTHER PARTY:

LIST THE PARTY NAMES HERE EXACTLY HOW THEY ARE LISTED ON THE INITIAL PETITION

(This section applies only to guardianship cases.)

GUARDIANSHIP OF (Name):

CASE NUMBER:

You will be given a Court Case Number when you open the case

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

Write in the number of children here

- I am a party to this proceeding to determine custody of a child.
- 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.
- There are (specify number) _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information is for the past five years.)

a. Child's name	Period of residence	Address	Person child lived with (name and complete current address)	Relationship of person to child
<u>OLDEST CHILD'S NAME</u>	to present	<u>CURRENT ADDRESS</u> <input type="checkbox"/> Confidential	<u>NAME OF PERSON THE CHILD LIVES WITH AND THEIR CURRENT ADDRESS.</u>	<u>M or F</u>
	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)	

OLDEST CHILD'S NAME

CITY & STATE CHILD BORN IN

MM/DD/YYYY

M or F

CURRENT ADDRESS

NAME OF PERSON THE CHILD LIVES WITH AND THEIR CURRENT ADDRESS.

RELATIONSHIP OF PERSON TO CHILD

Make sure the dates diagonal from each other are EXACTLY the same

b. Child's name	Period of residence	Address	Person child lived with (name and complete current address)	Relationship
<u>NEXT OLDEST CHILD'S NAME</u>	to present	<u>CITY & STATE</u> <input type="checkbox"/> Confidential	<u>MM/DD/YYYY</u>	<u>M or F</u>
	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)	

NEXT OLDEST CHILD'S NAME

CITY & STATE

MM/DD/YYYY

M or F

Check this box if the children have been living at the same addresses

IF THE CHILDREN HAVE NOT BEEN LIVING AT THE SAME ADDRESSES, THEN TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST FIVE YEARS

Check this box if MORE THAN TWO CHILDREN are involved and create "ATTACHMENT 3C"

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

SHORT TITLE: Last Name v. Last Name	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, 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 involves the children and provide the information requested for each case.

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				

Tell the Court if there is any domestic violence restraining orders now in effect and provide the necessary information.

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

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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Tell the Court if there is anyone else that claims to have CUSTODY and/or VISITATION

Date Here

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 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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-bottom: 5px;">YOUR NAME, STREET ADDRESS, CITY, STATE, and ZIP CODE HERE</div> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 100px; margin-bottom: 5px;">YOUR TELEPHONE NUMBER HERE</div> Attorney for: <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">IN PRO PER</div>	FOR COURT USE ONLY <div style="border: 1px solid red; padding: 10px; margin: 10px auto; width: 80%;"> THIS FORM IS REQUIRED TO BE ON GREEN PAPER </div> RELATED CASE NOS: _____ <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px; margin-top: 10px;"> You will be given a Court Case Number when you open the case </div> CASE NO: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner: <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">Your Name for PETITIONER</div> Respondent: <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">Other Party's Name for RESPONDENT</div>	
NOTICE OF FAMILY LAW CASE MANAGEMENT CONFERENCE	

**TO ALL PARTIES: YOU MUST APPEAR AT THE FOLLOWING HEARING
AS SCHEDULED BELOW. THIS HEARING IS NOT THE TRIAL!**

Date: _____ Time: _____ AM/PM Dept#: _____ This case is assigned to Judge _____, Dept _____ for all purposes.
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**NOTICE TO THE PETITIONER (PERSON WHO FILED THIS CASE WITH THE COURT) –
YOU MUST DO ALL OF THE FOLLOWING:**

1. The petition must be served on the other party, and proof of service of the petition must be filed within sixty (60) calendar days after the petition is filed. If a responsive pleading is not filed within thirty (30) calendar days after service of the petition, you must file a request for the entry of default, form #FL-165.
2. You must also serve a copy of this Notice of Case Management Conference on the other person (respondent) with the petition along with a blank Case Management Conference Statement. You must also file a proof of service of the Notice of Case Management Conference within five (5) calendar days after the documents are served on the other person.
3. A Case Management Conference Statement form FL-005 must be filed with the court and served on all parties by each counsel or self-represented party by the 15th calendar day before the date set for the Case Management Conference.

**NOTICE TO THE RESPONDENT (PERSON WHO IS RESPONDING TO THIS CASE) - YOU
MUST DO ALL OF THE FOLLOWING:**

1. You must serve the other party and file your response to this case within thirty (30) days after you are served with the petition. This time may not be extended except as authorized by Local Rule 7.03. Your failure to file a timely response may result in a default being taken against you—preventing you from further participating in the case.
2. A Case Management Conference Statement form FL-005 must be filed with the court and served on all parties by counsel or self-represented party by the 15th calendar day before the date set for the Case Management Conference.

WARNING TO BOTH PARTIES:

The Court can impose monetary sanctions and/or dismiss the case if the parties do not appear, if the parties do not timely file their Case Management Conference Statements, or if the parties fail to follow the rules set forth above.

Date: _____

Clerk, by _____ Deputy

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

OTHER PARTY'S NAME HERE

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

You are being sued. Lo están demandando.

Petitioner's name is:
Nombre del demandante:

YOUR NAME HERE

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120 or FL-123) at the court and have a copy served on the petitioner. A letter or phone call will not protect you.

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

If you want legal advice, contact a lawyer immediately. You can get information about finding lawyers at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), at the California Legal Services Web site (www.lawhelpcalifornia.org), or by contacting your local county bar association.

Tiene **30 días corridos** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120 ó FL-123) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales. Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas.

Si desea obtener asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar a un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio Web de los Servicios Legales de California (www.lawhelpcalifornia.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: The restraining orders on page 2 are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. These orders are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO: Las órdenes de restricción que figuran en la página 2 valen para ambos cónyuges o pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier autoridad de la ley que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

1. The name and address of the court are (El nombre y dirección)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS
800 – 11TH STREET – P. O. BOX 1098
MODESTO, CA 95353

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

YOUR NAME
YOUR STREET ADDRESS YOUR
CITY, STATE, AND ZIP CODE YOUR
TELEPHONE NUMBER

Date (Fecha):

Clerk, by

(Asistente)

Check this box

[SEAL]

NOTICE TO THE PERSON SERVED: You are served
AVISO A LA PERSONA QUE RECIBIÓ LA ENTREGA: Esta entrega se realiza

a. as an individual. (a usted como individuo.)

b. on behalf of respondent who is a (en nombre de un demandado que es):

(1) minor (menor de edad)

(2) ward or conservatee (dependiente de la corte o pupilo)

(3) other (specify) (otro – especifique):

(Read the reverse for important information.)
(Lea importante información al dorso.)

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

YOUR NAME HERE
YOUR STREET ADDRESS HERE YOUR
CITY, STATE, and ZIP CODE HERE

TELEPHONE NO.: _____ FAX NO. (Optional): _____

E-MAIL ADDRESS (Optional): _____

ATTORNEY FOR (Name): **IN PRO PER**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus

STREET ADDRESS: 1100 I Street
MAILING ADDRESS: P.O. Box 1098
CITY AND ZIP CODE: Modesto, CA 95353
BRANCH NAME: _____

PETITIONER: _____
RESPONDENT: **Your Name for PETITIONER**
Other Party's Name for RESPONDENT

PROOF OF SERVICE OF SUMMONS CASE NUMBER **Write in the Case Number**

This form is to be completed by the person who personally served (or handed) the paperwork to the respondent. This person MUST BE OVER 18 YRS OLD and CANNOT BE YOU.

It can be a friend, a relative, a neighbor or the Sheriff or Legal Process Server.

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* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
 - or-
 - b. Family Law—*Domestic Partnership—Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
 - or-
 - c. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or-
 - d. 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)
 - e. (1) Completed and blank *Declaration of Uniform Child Custody Jurisdiction Enforcement Act* (form FL-105) Completed and blank *Financial Statement (Simplified)* (form FL-155)
 - (2) Completed and blank *Declaration of Disclosure* (form FL-140) (6) Completed and blank *Property Declaration* (form FL-160)
 - (3) Completed and blank *Schedule of Assets and Debts* (form FL-142) (7) *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
 - (4) Completed and blank *Income and Expense Declaration* (form FL-150) (8) Other (*specify*): NOTICE OF FAMILY LAW CASE MANAGEMENT CONFERENCE

Check this box

Check this box if there are children.

2. Address where respondent was served:

Write in the address where the respondent was personally served (handed the paperwork)

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

- a. **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): _____ at (time): _____
- b. **Substituted service.** I left the copies with or in the presence of (name): _____ who is (*specify title or relationship*): _____
- (1) **(Business)** a person in charge at the office or usual place of business of the respondent, in charge of the delivery of the papers
- (2) **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

Check this box and write in the DATE and TIME of service

PETITIONER:	Your Name for PETITIONER Other Party's Name for RESPONDENT	Write in the Case Number
RESPONDENT:		

3. b. (cont.) 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.
- 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 (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117).)** (Code Civ. Proc., § 415.30.)
- (4) 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.)
- d. **Other (specify code section):**
 Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
- a. As an individual or
- b. On behalf of respondent who is a
- (1) minor. (Code Civ. Proc., § 416.60.)
- (2) ward of court. (Code Civ. Proc., § 416.70.)
- (3) other (specify): _____

5. **Person who served papers**

Name: _____
 Address: _____

Write in the contact information for the person who served the paperwork

Telephone number: _____

This person is

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

Check this box

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

-or-

7. I am a California sheriff, deputy sheriff, or constable, and I certify that the foregoing is true and correct.

Check this box

Date: Date

 Print Name



 Signature

Yes, I need an Interpreter!

Sí, necesito un Intérprete!

Name (Nombre): _____

Case Number (Número de caso): _____

Language/Dialect Spoken (Que idioma/dialecto habla):

Spanish (Español) **Dialecto:** _____

Other: _____ **Dialect:** _____

Person requesting an Interpreter is:

Persona que solicita el intérprete es:

Petitioner (Solicitante)

Respondent (Demandado)

Protected Person (Persona Protegida)

Restrained Person (Persona Restringida)

Other (Otro): _____

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	<i>FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.</i>
Petitioner: Respondent:	
CONFIDENTIAL DECLARATION	Case Number:

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____
Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____
 Female **Male**

Respondent (name): _____
Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____
 Female **Male**

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

Date:

(Type or Print Your Name)

(Sign Your Name)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	
CASE NUMBER:	

1. **LEGAL RELATIONSHIP** (check all that apply):
 - a. We are married.
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):
 - a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
 - b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
 - c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. **STATISTICAL FACTS**
 - a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
 - b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN**
 - a. There are no minor children.
 - b. The minor children are:

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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Petitioner requests that the court make the following orders:

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

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

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As requested in <input type="checkbox"/> form <u>FL-311</u>			<input type="checkbox"/> form <u>FL-341(C)</u>	
<input type="checkbox"/> form <u>FL-341(D)</u>	<input type="checkbox"/> form <u>FL-341(E)</u>		<input type="checkbox"/> Attachment <u>6c(1)</u>	

7. CHILD SUPPORT

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

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

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

9. SEPARATE PROPERTY

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

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

11. OTHER REQUESTS

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

Continued on Attachment 11c.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
(This section applies only to family law cases.) PETITIONER: RESPONDENT: OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

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

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

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

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

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

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

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

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

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

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

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

Date:

_____ _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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

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

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	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)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		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)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		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)		

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

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

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

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

Petitioner's name is:

Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

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

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

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

Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

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

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:

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

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE

ENCUENTRAN EN LA PÁGINA 2: *Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.*

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

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

[SEAL]

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

Date (Fecha):

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

STANDARD FAMILY LAW RESTRAINING ORDERS

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

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

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

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

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

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

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

NOTICE—ACCESS TO AFFORDABLE HEALTH

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

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

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

WARNING—IMPORTANT INFORMATION

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

ADVERTENCIA—INFORMACIÓN IMPORTANTE

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner: Respondent:	RELATED CASE NOS: _____
NOTICE OF FAMILY LAW CASE MANAGEMENT CONFERENCE	CASE NO: _____

**TO ALL PARTIES: YOU MUST APPEAR AT THE FOLLOWING HEARING
AS SCHEDULED BELOW. THIS HEARING IS NOT THE TRIAL!**

Date: _____ Time: _____ AM/PM Dept#: _____
This case is assigned to Judge _____, Dept _____ for all purposes.

**NOTICE TO THE PETITIONER (PERSON WHO FILED THIS CASE WITH THE COURT) –
YOU MUST DO ALL OF THE FOLLOWING:**

1. The petition must be served on the other party, and proof of service of the petition **must** be filed within **sixty (60) calendar days after the petition is filed**. If a responsive pleading is not filed within **thirty (30) calendar days after service of the petition**, you **must** file a request for the entry of default, form #FL-165. After filing the request for entry of default, **you must file the necessary documents to obtain the default judgment and conclude your case**. You may obtain information and assistance in preparing these documents from our Family Law Facilitator/Self Help Center, 800 11th Street, Room 220, Modesto, CA.
2. You must also serve a copy of this **Notice of Case Management Conference** on the other person (respondent) with the petition along with a blank **Case Management Conference Statement**. You must also file a proof of service of the **Notice of Case Management Conference** within **five (5) calendar days** after the documents are served on the other person.
3. A **Case Management Conference Statement** form FL-005 **must be filed with the court and served on all parties** by each counsel or self-represented party **by the 15th calendar day before** the date set for the **Case Management Conference**.

**NOTICE TO THE RESPONDENT (PERSON WHO IS RESPONDING TO THIS CASE) - YOU
MUST DO ALL OF THE FOLLOWING:**

1. **You must serve the other party and file your response to this case within thirty (30) days** after you are served with the petition. This time may not be extended except as authorized by Local Rule 7.03. **Your failure to file a timely response may result in a default being taken against you—preventing you from further participating in the case.**
2. A **Case Management Conference Statement** form FL-005 **must be filed with the court and served on all parties** by counsel or self-represented party **by the 15th calendar day before** the date set for the **Case Management Conference**.

WARNING TO BOTH PARTIES:

The Court can impose monetary sanctions and/or dismiss the case if the parties do not appear, if the parties do not timely file their Case Management Conference Statements, or if the parties fail to follow the rules set forth above.

Date: _____ Clerk, by _____, Deputy

(SEE PAGE 2 FOR ADDITIONAL IMPORTANT INFORMATION)
NOTICE OF CASE MANAGEMENT CONFERENCE

IMPORTANT CASE MANAGEMENT CONFERENCE INFORMATION, RULES, & REQUIREMENTS

Counsel and self-represented parties are obligated to review and comply with Local Rules regarding Family Law proceedings at the following website: <http://www.stanct.org/courts/RULES/index.html>. If you do not file the *Case Management Conference Statement* required by local rule, or attend the case management conference or participate effectively in the conference, the Court may impose sanctions (including dismissal of the case, striking of the petition/response, and/or requiring payment of money).

A. Subjects to be considered at the case management conference. At the case management conference, the parties must address, if applicable, and the court may take appropriate action with respect to the following:

- Whether there are any related cases;
- Whether any additional parties may be joined in the proceeding;
- Whether there are any other matters (e.g. out of state custody orders) that may affect the court's jurisdiction or processing the case;
- Whether the parties have agreements on issues such as child custody, child support, spousal support, or division of property;
- Whether discovery has been completed and, if not, by when it will be completed;
- Whether certain issues (e.g. marital status, date of separation, or date of valuation) should be bifurcated;
- Whether the case is entitled to any statutory preference, and if so, the statute granting the preference;
- If the trial date has not been previously set, the date by which the case will be ready for trial and the available trial dates;
- The estimated length of trial;
- The nature of the disputed issues; and other matters that should be considered by the court or addressed in its case management order.

B. Meet and confer requirement. Unless the court orders another time period, no later than **thirty (30) days** before the initial case management conference, the parties must meet and confer, **unless there exists a current restraining order prohibiting personal contact with the other party and both parties are self-represented**, in person or by telephone, to consider each of the issues identified in subdivision A, and, in addition, to consider the following:

- Identifying and, if possible, informally resolving any anticipated motions;
- Identifying the facts and issues in the case that are uncontested and may be stipulated to;
- Identifying the facts and issues in the case that are in dispute;
- Determining whether the issues in the case can be narrowed by eliminating any claims or defenses by means of a motion or otherwise;
- Possible settlement; and other relevant matters.

C. Case Management Statement. No later than **fifteen (15) calendar days before the initial case management conference date, each party must file an initial case management statement with the clerk of the court.** The parties must use the Mandatory Case Management Conference Statement. All applicable items on the form must be completed. In lieu of each party filing a separate case management statement, any two or more parties may file a joint statement.

D. Case management order. The court will issue a case management order in each case. The order will set a schedule for subsequent proceedings and otherwise provide for the management of the case.

E. Order to Show Cause. The court may issue an **Order to Show Cause to any party violating any provision of this rule.** Responsive papers to the Order to Show Cause **may be filed and served no later than five (5) court days before the hearing.** The court may issue monetary sanctions up to \$300 and/or dismiss the petition and/or strike the response.

Sanctions that typically will be imposed at the Order to Show Cause Hearing.

Failure to file proof of service timely.

1st Violation	\$100 per party
2nd and subsequent violations	\$150 per party/dismissal of petition or striking of response.

Failure to meet and confer \$50 to \$250

Failure to fully complete the Case Management Conference Statement \$50 to \$100/striking the statement

The following sanctions will apply without issuing an Order to Show Cause:

Failure to appear at Case Management Conference \$300

Failure to file a Case Management Conference Statement \$150

Failure to timely file Case Management Conference Statement (\$100 if filed day of the conference) (1/1/05) \$25

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner: Respondent:	RELATED CASE NOS: _____
NOTICE OF FAMILY LAW CASE MANAGEMENT CONFERENCE	CASE NO: _____

**TO ALL PARTIES: YOU MUST APPEAR AT THE FOLLOWING HEARING
AS SCHEDULED BELOW. THIS HEARING IS NOT THE TRIAL!**

Date: _____ Time: _____ AM/PM Dept#: _____
This case is assigned to Judge _____, Dept _____ for all purposes.

**NOTICE TO THE PETITIONER (PERSON WHO FILED THIS CASE WITH THE COURT) –
YOU MUST DO ALL OF THE FOLLOWING:**

1. The petition must be served on the other party, and proof of service of the petition **must** be filed within **sixty (60) calendar days after the petition is filed**. If a responsive pleading is not filed within **thirty (30) calendar days after service of the petition**, you **must** file a request for the entry of default, form #FL-165. After filing the request for entry of default, **you must file the necessary documents to obtain the default judgment and conclude your case**. You may obtain information and assistance in preparing these documents from our Family Law Facilitator/Self Help Center, 800 11th Street, Room 220, Modesto, CA.
2. You must also serve a copy of this **Notice of Case Management Conference** on the other person (respondent) with the petition along with a blank **Case Management Conference Statement**. You must also file a proof of service of the **Notice of Case Management Conference** within **five (5) calendar days** after the documents are served on the other person.
3. A **Case Management Conference Statement** form FL-005 **must be filed with the court and served on all parties** by each counsel or self-represented party **by the 15th calendar day** before the date set for the **Case Management Conference**.

**NOTICE TO THE RESPONDENT (PERSON WHO IS RESPONDING TO THIS CASE) - YOU
MUST DO ALL OF THE FOLLOWING:**

1. **You must serve the other party and file your response to this case within thirty (30) days** after you are served with the petition. This time may not be extended except as authorized by Local Rule 7.03. **Your failure to file a timely response may result in a default being taken against you—preventing you from further participating in the case.**
2. A **Case Management Conference Statement** form FL-005 **must be filed with the court and served on all parties** by counsel or self-represented party **by the 15th calendar day** before the date set for the **Case Management Conference**.

WARNING TO BOTH PARTIES:

The Court can impose monetary sanctions and/or dismiss the case if the parties do not appear, if the parties do not timely file their Case Management Conference Statements, or if the parties fail to follow the rules set forth above.

Date: _____ Clerk, by _____, Deputy

(SEE PAGE 2 FOR ADDITIONAL IMPORTANT INFORMATION)
NOTICE OF CASE MANAGEMENT CONFERENCE

IMPORTANT CASE MANAGEMENT CONFERENCE INFORMATION, RULES, & REQUIREMENTS

Counsel and self-represented parties are obligated to review and comply with Local Rules regarding Family Law proceedings at the following website: <http://www.stanct.org/courts/RULES/index.html>. If you do not file the *Case Management Conference Statement* required by local rule, or attend the case management conference or participate effectively in the conference, the Court may impose sanctions (including dismissal of the case, striking of the petition/response, and/or requiring payment of money).

A. Subjects to be considered at the case management conference. At the case management conference, the parties must address, if applicable, and the court may take appropriate action with respect to the following:

- Whether there are any related cases;
- Whether any additional parties may be joined in the proceeding;
- Whether there are any other matters (e.g. out of state custody orders) that may affect the court's jurisdiction or processing the case;
- Whether the parties have agreements on issues such as child custody, child support, spousal support, or division of property;
- Whether discovery has been completed and, if not, by when it will be completed;
- Whether certain issues (e.g. marital status, date of separation, or date of valuation) should be bifurcated;
- Whether the case is entitled to any statutory preference, and if so, the statute granting the preference;
- If the trial date has not been previously set, the date by which the case will be ready for trial and the available trial dates;
- The estimated length of trial;
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- Identifying the facts and issues in the case that are uncontested and may be stipulated to;
- Identifying the facts and issues in the case that are in dispute;
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
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Date: _____ Clerk, by _____, Deputy

(SEE PAGE 2 FOR ADDITIONAL IMPORTANT INFORMATION)
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Failure to appear at Case Management Conference \$300

Failure to file a Case Management Conference Statement \$150

Failure to timely file Case Management Conference Statement (\$100 if filed day of the conference) (1/1/05) \$25

PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:

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

2. Address where respondent was served:

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

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

PETITIONER: 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:

Telephone number:

This person is

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

5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS)

▶

(SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Plaintiff/Petitioner: Defendant/Respondent:	RELATED CASES:
CASE MANAGEMENT CONFERENCE STATEMENT	CASE NUMBER: Date: Time:

1. Names of parties/attorneys:

a) Petitioner _____ Attorney _____

b) Respondent _____ Attorney _____

2. Nature of action (check the applicable action):

- Dissolution of marriage, legal separation, or nullity
- Action to establish parent and child relationship
- Dissolution of domestic partnership

3. Service of pleadings:

a) Date of service of petition _____ If not served, explain: _____

b) Date of filing of response or default: _____

4. Case information (complete all applicable sections):

a) Date of marriage/partnership: _____ Date of separation: _____

b) Names/ages of minor children:

5. Other related family law cases (includes out of county/state orders such as domestic violence, dissolution judgments, custody or support): _____

6. Have parties met and conferred? _____ If not, explain: _____

7. Describe any discovery conducted to date: _____

8. Describe discovery to be conducted: _____

Estimated time to complete discovery: _____ months.

9. Issues agreed upon (e.g. child custody/visitation, child/spousal support, division of property)

10. Issues that a party believes should be bifurcated (e.g. marital status, date of separation or date of valuation) _____

11. Estimated date that party will be ready for trial (**the court anticipates that a case should be ready for trial within 3-6 months from the date of the case management conference**) _____

If longer than 6 months, explain: _____

12. Estimated length of trial (hours or days): _____

DATE: _____

Signature of Party/Attorney for Party

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS		
STREET ADDRESS: 1100 I STREET		
MAILING ADDRESS: P.O. BOX 1098		
CITY AND ZIP CODE: MODESTO, CA 95354		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		<i>(If applicable, provide):</i>
OTHER PARENT/PARTY:		
PROOF OF SERVICE BY MAIL		HEARING DATE:
		HEARING TIME:
		DEPT.:

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

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

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

by enclosing them in an envelope AND

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

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:

- c. Date mailed:
- d. Place of mailing (*city and state*):

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

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

Date:

_____ _____

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

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



SUPERIOR COURT OF STANISLAUS COUNTY

www.stanct.org

(209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11th Street Room #220 Modesto, CA 95353
(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

STOP

**The following forms need to be served on the respondent BLANK.
If the other party chooses to respond, they will complete
this portion of the packet.**

RESPONSE TO DISSOLUTION, LEGAL SEPARATION AND NULLITY

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to respond to a Dissolution, Legal Separation or Nullity case. Additional packets are available for scheduling hearings, motions or orders to show cause to establish specific orders prior to obtaining a judgment in the case.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, CA and on the following websites:

- ☛ **Stanislaus County Superior Court:** www.stanct.org
- ☛ **Stanislaus County – Local Forms:** www.stanct.org/Forms.aspx?id=3
- ☛ **Judicial Council's Self Help:** www.courts.ca.gov/selfhelp.htm
- ☛ **Judicial Council Forms:** www.courts.ca.gov/formsrules.htm
- ☛ **Stanislaus County Law Library:** www.stanislauslawlibrary.org
- ☛ **Free Interactive Electronic Forms Program:** www.icandocs.org/ca/california.html
- ☛ **California's Free Website for Legal Help:** www.lawhelpcalifornia.org
- ☛ **Law Libraries, Websites, or Self-Help Legal Books:** www.courts.ca.gov/1091.htm

REQUIRED FORMS:

- **FL003 - Confidential Declaration**
- **FL-120 - Response – Marriage**
- **FL-105 - Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act**
 - **Only if there are minor children of the marriage**
- **FL-335 - Proof of Service by Mail**

CASE MANAGEMENT INFORMATION:

- If you follow the Step by Step guide included in this packet in a timely manner, your Case Management Hearing may be dropped. You will not have to appear if a judgment has been submitted and filed with the court.
- A Case Management Conference Statement form FL-005 must be filed with the court and served on all parties by each counsel or self-represented party by the 15th calendar day before the date set for the Case Management Conference.
- **Refer to the instructions on both sides of the Notice of Family Law Case Management Conference** (this form is green) for rules and requirements related to the Case Management Conference.
- **THE CASE MANAGEMENT CONFERENCE IS NOT A TRIAL, IT DOES NOT RESOLVE SUPPORT OR CUSTODY ISSUES AND IT IS NOT A JUDGMENT HEARING.** This hearing allows the Court to track cases to ensure that they are proceeding as required by law.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: www.stanct.org.

Material distributed by Superior Court **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY**. Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY.** You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the **Stanislaus County Bar Association** at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

CONFIDENTIAL

AT _____ NEY (NAME, ADDRESS, PHONE) <div style="border: 1px solid red; padding: 2px; width: fit-content; margin: 5px 0;">YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE</div> Attorney for: <div style="border: 1px solid red; padding: 2px; width: fit-content; margin: 5px 0;">IN PRO PER</div>	FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner: _____ <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 10px auto;">FILL OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH</div> Respondent: _____	
CONFIDENTIAL DECLARATION	Case Num _____ <div style="border: 1px solid red; padding: 2px; width: fit-content; float: right;">WRITE IN THE CASE NUMBER FROM THE PAPERS YOU WERE SERVED WITH</div>

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____

Complete the requested information about your spouse as best as you can.

Address: _____

Alias (if any): _____ **Social security number:** _____

Date of Birth: _____ **Drivers License:** _____

Respondent (name): _____

Complete as much information about yourself

Address: _____

Alias (if any): _____ **Social security number:** _____

Date of Birth: _____ **Drivers License:** _____

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

Date: _____

Date Here

PRINT YOUR NAME

 (Type or Print Your Name)

SIGN YOUR NAME

 (Sign Your Name)

This is the Form Number

FOR COURT USE ONLY

SAMPLE

YOUR NAME HERE
YOUR STREET ADDRESS HERE
YOUR CITY, STATE, and ZIP CODE HERE

IN PRO PER

COUNTY NAME HERE

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus

COURT'S PHYSICAL ADDRESS HERE
COURT'S MAILING ADDRESS HERE
COURT'S CITY, STATE, and ZIP CODE HERE

LIST THE PARTY NAMES HERE EXACTLY HOW THEY ARE LISTED ON THE INITIAL PETITION

GUARDIANSHIP OF (Name): _____ Minor

You will be given a Court Case Number when you open the case

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

Write in the number of children here

- I am a party to this proceeding to determine custody of a child.
- 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.
- There are (specify number) _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information is for the past five years.)

a. Child's name	<u>OLDEST CHILD'S NAME</u>	<u>CITY & STATE CHILD BORN IN</u>	<u>MM/DD/YYYY</u>	<u>M or F</u>
Period of residence	<u>CURRENT ADDRESS</u>	<u>NAME OF PERSON THE CHILD LIVES WITH AND THEIR CURRENT ADDRESS.</u>	<u>RELATIONSHIP OF PERSON TO CHILD</u>	
to present	<input type="checkbox"/> Confidential			
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)		

Make sure the dates diagonal from each other are EXACTLY the same

b. Child's name	<u>NEXT OLDEST CHILD'S NAME</u>	<u>CITY & STATE</u>	<u>MM/DD/YYYY</u>	<u>M or F</u>
Period of residence	<u>CURRENT ADDRESS</u>	<u>NAME OF PERSON THE CHILD LIVES WITH AND THEIR CURRENT ADDRESS.</u>	<u>RELATIONSHIP OF PERSON TO CHILD</u>	
to present	<input type="checkbox"/> Confidential			
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)		

Check this box if the children have been living at the same addresses

IF THE CHILDREN HAVE NOT BEEN LIVING AT THE SAME ADDRESSES, THEN TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST FIVE YEARS

Check this box if MORE THAN TWO CHILDREN are involved and create "ATTACHMENT 3C"

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

SHORT TITLE: Last Name v. Last Name	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <small>(name, state, location)</small>	Court order or judgment <small>(date)</small>	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 involves the children and provide the information requested for each case.

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				

Tell the Court if there is any domestic violence restraining orders now in effect and provide the necessary information.

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

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

Tell the Court if there is anyone else that claims to have CUSTODY and/or VISITATION

Date Here

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 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.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, state bar number)</i>		FOR COURT USE ONLY
YOUR NAME HERE YOUR STREET ADDRESS YOUR CITY, STATE, and ZIP CODE HERE		
TELEPHONE NO.: ATTORNEY FOR (Name):	IN PRO PER	FAX NO.: COUNTY NAME HERE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	COURT'S PHYSICAL ADDRESS HERE COURT'S MAILING ADDRESS HERE COURT'S CITY, STATE, and ZIP CODE HERE	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
FILL THIS OUT EXACTLY AS IT APPEARS ON YOUR OTHER DOCUMENTS		
PROOF OF SERVICE BY MAIL		CASE NUMBER: COURT CASE NUMBER HERE

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

- 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.
- My residence or business address is:

SERVER'S NAME
 SERVER'S STREET ADDRESS
 SERVER'S CITY, STATE, AND ZIP CODE
- I served a copy of the following documents (*specify*):

WRITE IN "RESPONSE"

CHECK THIS BOX

by enclosing them in an envelope AND

- depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- 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.

- Name of person served:

PLAINTIFF'S ATTORNEY'S NAME OR PLAINTIFF'S NAME IF NO ATTORNEY
- Address:

ADDRESS WHERE OTHER PARTY WAS SERVED
- Date mailed:

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

CITY & STATE WHERE MAILED

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

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PERSON COMPLETING THIS FORM)

Yes, I need an Interpreter!

Sí, necesito un Intérprete!

Name (Nombre): _____

Case Number (Número de caso): _____

Language/Dialect Spoken (Que idioma/dialecto habla):

Spanish (Español) **Dialecto:** _____

Other: _____ **Dialect:** _____

Person requesting an Interpreter is:

Persona que solicita el intérprete es:

Petitioner (Solicitante)

Respondent (Demandado)

Protected Person (Persona Protegida)

Restrained Person (Persona Restringida)

Other (Otro): _____

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	<i>FOR COURT USE ONLY</i> <i>NOTICE TO CLERK</i> <i>Place in confidential</i> <i>part of the court file.</i>
Petitioner: Respondent:	
CONFIDENTIAL DECLARATION	Case Number:

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____
Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____
 Female **Male**

Respondent (name): _____
Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____
 Female **Male**

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

Date:

(Type or Print Your Name)

(Sign Your Name)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER:

1. **LEGAL RELATIONSHIP** (check all that apply):

- a. We are married.
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
- b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. **STATISTICAL FACTS**

- a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN**

- a. There are no minor children.
- b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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- (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:
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Respondent requests that the court make the following orders:

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

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

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

	Petitioner	Respondent	Joint	Other
--	------------	------------	-------	-------

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

7. CHILD SUPPORT

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

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

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

9. SEPARATE PROPERTY

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

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

11. OTHER REQUESTS

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

Continued on Attachment 11c.

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

Date:

_____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF RESPONDENT)
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Date:

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
(This section applies only to family law cases.) PETITIONER: RESPONDENT: OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

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

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

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

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

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

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

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

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

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

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

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

Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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

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

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

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	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)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		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)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		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)		

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: _____ <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF SERVICE BY MAIL	

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

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

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

by enclosing them in an envelope AND

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

 - c. Date mailed:
 - d. Place of mailing *(city and state)*:
 5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*
 6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

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

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Plaintiff/Petitioner: Defendant/Respondent:	RELATED CASES:
CASE MANAGEMENT CONFERENCE STATEMENT	CASE NUMBER: Date: Time:

1. Names of parties/attorneys:

a) Petitioner _____ Attorney _____

b) Respondent _____ Attorney _____

2. Nature of action (check the applicable action):

- Dissolution of marriage, legal separation, or nullity
- Action to establish parent and child relationship
- Dissolution of domestic partnership

3. Service of pleadings:

a) Date of service of petition _____ If not served, explain: _____

b) Date of filing of response or default: _____

4. Case information (complete all applicable sections):

a) Date of marriage/partnership: _____ Date of separation: _____

b) Names/ages of minor children:

5. Other related family law cases (includes out of county/state orders such as domestic violence, dissolution judgments, custody or support): _____

6. Have parties met and conferred? _____ If not, explain: _____

7. Describe any discovery conducted to date: _____

8. Describe discovery to be conducted: _____

Estimated time to complete discovery: _____ months.

9. Issues agreed upon (e.g. child custody/visitation, child/spousal support, division of property) _____

10. Issues that a party believes should be bifurcated (e.g. marital status, date of separation or date of valuation) _____

11. Estimated date that party will be ready for trial (**the court anticipates that a case should be ready for trial within 3-6 months from the date of the case management conference**) _____
If longer than 6 months, explain: _____

12. Estimated length of trial (hours or days): _____

DATE: _____

Signature of Party/Attorney for Party

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: _____	CASE NUMBER: <i>(If applicable, provide):</i>
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

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

4. The envelope was addressed and mailed as follows:

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

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

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

Date:

_____  _____

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

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 - a. Print the name you put on the envelope containing the documents.
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 - d. Print the city and state you were in when you mailed the envelope containing the documents.
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6. You are stating under penalty of perjury that the information you have provided is true and correct.

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

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