



STANISLAUS COUNTY SUPERIOR COURT

Family Law - 1100 I Street, PO Box 1098, Modesto, CA 95353

209-530-3100

Self Help Center – 800 11th Street, Room 220, Modesto CA 95353

<http://www.stanct.org>

Revised 1/2015

Petition for Custody and Support of Minor Children Packet

This packet includes the necessary forms to establish custody and support of a minor child.

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, 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

Overview

Parents that separate will need to have a plan for deciding how they will share and divide their parenting responsibilities. This plan can be called a parenting plan, a time-share plan, or an agreement ("stipulation") regarding child custody and visitation. Any plan must be in writing and signed by both parents and a judge.

In California, either parent can have custody, or the parents can share custody. The judge makes the final decision but usually will approve the arrangement both parents agree upon. If the parents can't agree, the judge will make a decision at a court hearing. The judge will usually not make a decision about custody/visitation until after the parents have met with a mediator.

Mediation

If parents can't agree on custody/visitation on their own, the judge will have the parents meet with Family Court Services to see if an agreement can be reached with the help of a mediator. Parents can also hire a private mediator.

Court Hearing

If mediation doesn't work, the judge will make a decision at a hearing. In some courts, the mediator will make a recommendation to the judge about custody/visitation orders. Ask the mediator how the process works in your local court.

The judge may appoint an evaluator to recommend a parenting plan. A parent can also ask for an evaluation, but the request may not be granted. Parents may have to pay for an evaluation.

The judge also may appoint lawyers for children in custody cases.

Child's Needs Come First

The law says that judges must give custody according to what is best for the child. In most cases, judges give custody to one or both parents. There are times when custody is given to a friend or relative. You should consult a lawyer for information about custody given to non-parents.

Changing Custody/Visitation Orders

After a judge makes a custody/visitation order, one or both parents may want to change the order. If the parents can't agree on a change, one of the parents must file a Request for Order with the Court asking for a change. If you want to change your order, you and the other parent will probably have to meet with a mediator to talk about why you want the order to change.

Notes:

- **The Income and Expense Declaration** (FL 150) is included in this packet. This form is also accessible on the Judicial Council website and if filled in directly from the website, calculations will be computed for you.
- **Child Custody and Visitation issues** - If you are in agreement you may use the "Stipulation and Order for Custody and/or Visitation of Children" forms along with a Petition for Custody. If you are not in agreement, you may use a "Request for Order" packet.
- **Notice of Change of Address and Telephone Number** (MC-040). When you have a change in your address or telephone number, you **MUST** purchase this form and file it with the Clerk's Office.

Material prepared and/or distributed by the Superior Court Clerk's Office IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY. Such material is NOT intended to be and IT IS NOT LEGAL ADVICE as to your specific case. IT IS NOT INTENDED TO TAKE THE PLACE OF COMPETENT LEGAL ADVICE FROM A FAMILY LAW ATTORNEY. You are strongly advised to seek the advice of a licensed family law attorney before starting or completing your case in order to protect valuable legal rights that you may have and of which you may be unaware. Please contact a competent family law attorney of your choice or contact the LAWYERS REFERENCE SERVICE of the Stanislaus County Bar Association at (209) 571-5727 for a referral.

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):

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	<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 are 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
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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.

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): _____ 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: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
PETITIONER: RESPONDENT:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: _____
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. **Jurisdiction for bringing action**

a. Petitioner is the mother father of the minor children.

b. Respondent is the mother father of the minor children.

2. a. Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.

b. Petitioner and respondent have signed a *Voluntary Declaration of Paternity* regarding the minor children, and no action regarding the children has been filed in any other court. (Attach a copy of declaration)

c. Petitioner and respondent are not married and have legally adopted a child together.

d. Petitioner and respondent have been determined to be the parents in juvenile or governmental child support case number _____.

County _____ State _____ Country (if not the United States) _____

3. The following minor children are the subject of this action:

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>

Continued on Attachment 3.

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

5. **Child custody and visitation.** I request the following orders:

	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. Visitation of children with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) The proposed schedule for visitation is as follows:

See the attached form FL-311, *Child Custody and Visitation Attachment*.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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5. d. I request that visitation be supervised for the following persons, with the following restrictions:

Continued on Attachment 5d.

- e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.

6. **Fees and cost of litigation**

- a. Attorney fees to be paid by petitioner respondent.
- b. Each party will pay own fees.

7. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. *A completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) is attached.*

8. Other (specify):

9. **I have read the restraining order on the back of the *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.**

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

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PETITIONER)
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A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with this *Petition*.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 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)		

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
<i>(This section applies only to family law cases.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i>	
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	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<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)		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>				
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<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)		

- 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:
----------------------	----------------------

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.

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

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

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

Petitioner's name:

El nombre del demandante:

CASE NUMBER: (Número de caso)

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p>Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</p>
<p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.</p>	<p>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.</p>
<p>NOTICE: <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p>AVISO: <i>La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p>FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p>EXENCIÓN DE CUOTAS: <i>Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.</i></p>

[SEAL]

- The name and address of the court are: *(El nombre y dirección de la corte son:)*
Superior Court of the State of California, County of Stanislaus
1100 I Street - P. O. Box 1098
Modesto, CA 95353
- The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: *(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)*

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

STANDARD RESTRAINING ORDER
 (Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
 (Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ 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 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—Marriage/Domestic Partnership: *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 Establish Parental Relationship* (form [FL-200](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition to Establish 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* (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 him or her of the general nature of the papers.
 - (2) **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.
 on (*date*): _____ at (*time*): _____

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (*date*): _____

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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3. c. **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on *(date)*: from *(city)*:
- (1) with two copies of the *Notice and Acknowledgment of Receipt* (form [FL-117](#)) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt* (form [FL-117](#).)**
(Code Civ. Proc., § 415.30.)
- (2) to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., §§ 415.40, 417.20.)
- d. **Other** (*specify code section*):
 Continued on Attachment 3d.

4. **Person who served papers**

Name:
 Address:

Telephone number:

This person is

- a. exempt from registration under Business and Professions Code section 22350(b).
- b. not a registered California process server.
- c. a registered California process server: an employee or an independent contractor
 (1) Registration no.:
 (2) County:
- d. **The fee** for service was (*specify*): \$
5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or—
6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

 (NAME OF PERSON WHO SERVED PAPERS)



 (SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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:	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT	CASE NUMBER: _____

(Sender completes items 1 through 4 and signs before mailing. Recipient completes items 5 and 6, signs, then returns)

1. To (name of individual being served): _____

NOTICE

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is **not** an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

2. Date of mailing (specify): _____

3. _____
(TYPE OR PRINT SENDER'S NAME)



(SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 YEARS OR OLDER)

ACKNOWLEDGMENT OF RECEIPT

4. I agree I received the following:
- a. Family Law: *Petition—Marriage/Domestic Partnership* (form [FL-100](#)), *Summons* (form [FL-110](#)), and blank *Response—Marriage/Domestic Partnership* (form [FL-120](#))
 - b. 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](#))
 - 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](#))
 - d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (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 *Property Declaration* (form [FL-160](#))
 - (5) Completed and blank *Income and Expense Declaration* (form [FL-150](#))
 - (6) Completed and blank *Financial Statement (Simplified)* (form [FL-155](#))
 - (7) *Request for Order* (form [FL-300](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320](#))
 - (8) Other (specify): _____

5. Recipient signed this acknowledgment on (specify date): _____

6. _____
(TYPE OR PRINT NAME OF PERSON ACKNOWLEDGING RECEIPT)



(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NAME : ADDRESS : TELEPHONE NO. : E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

Attach copies of your pay stubs for last two months (black out social security numbers).

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

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

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

3. Tax information

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

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

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

I confirm this fee arrangement.

Date: _____
 NAME : _____
(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

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

16. Number of children

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

17. Children's health-care expenses

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

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

18. Additional expenses for the children in this case

Amount per month

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

19. Special hardships. I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders):

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

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

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



STANISLAUS COUNTY SUPERIOR COURT

Family Law - 1100 I Street, Modesto, CA 95353

209-530-3100

Self Help Center – 800 11th Street, Room 220, Modesto, CA 95353

www.stanct.org

Revised - 1/2015

Response Packet to Petition for Custody and Support of Minor Children

The following forms need to be served on the respondent BLANK. If the respondent chooses to respond, he/she will complete these forms and file them with the Court.

This packet includes the necessary forms to respond to a Petition for custody and support of minor children.

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, 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

Overview

Parents that separate will need to have a plan for deciding how they will share and divide their parenting responsibilities. This plan can be called a parenting plan, a time-share plan, or an agreement ("stipulation") regarding child custody and visitation. Any plan must be in writing and signed by both parents and a judge.

In California, either parent can have custody, or the parents can share custody. The judge makes the final decision but usually will approve the arrangement both parents agree upon. If the parents can't agree, the judge will make a decision at a court hearing. The judge will usually not make a decision about custody/visitation until after the parents have met with a mediator.

Mediation

If parents can't agree on custody/visitation on their own, the judge will have the parents meet with Family Court Services to see if an agreement can be reached with the help of a mediator. Parents can also hire a private mediator.

Court Hearing

If mediation doesn't work, the judge will make a decision at a hearing. In some courts, the mediator will make a recommendation to the judge about custody/visitation orders. Ask the mediator how the process works in your local court.

The judge may appoint an evaluator to recommend a parenting plan. A parent can also ask for an evaluation, but the request may not be granted. Parents may have to pay for an evaluation.

The judge also may appoint lawyers for children in custody cases.

Child's Needs Come First

The law says that judges must give custody according to what is best for the child. In most cases, judges give custody to one or both parents. But there are times when custody is given to a friend or relative. You should consult a lawyer for information about custody given to non-parents.

Changing Custody/Visitation Orders

After a judge makes a custody/visitation order, one or both parents may want to change the order. If the parents cannot agree on a change, one of the parents must file a motion with the Court asking for a change. If you want to change your order, you and the other parent will probably have to meet with a mediator to talk about why you want the order to change.

Family Law Facilitator's Office/Superior Court Self-Help Center
800 11th Street, Room 220, Modesto

PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES

NOTES:

- **The Income and Expense Declaration (FL-150)** is included in this packet. This form is also accessible on the Judicial Council website and if filled in directly from the website, calculations will be computed for you.
 - **Child Custody and Visitation issues** - If you are in agreement you may use the "Stipulation and Order for Custody and/or Visitation of Children" forms along with a Petition for Custody. If you are not in agreement, you may use a "Request for Order"..
 - **Notice of Change of Address and Telephone Number (MC-040)**. When you have a change in your address or telephone number, you **MUST** purchase this form and file it with the Clerk's Office.
- **You must serve the other party with a copy of your Response BEFORE filing it with the Court.** When filing your paperwork, you must attach one of the following double-sided forms:
- **Proof of Service by Mail (FL-335)** - Included in this packet
 - **Proof of Personal Service (FL-330)** - Available on the Judicial Council's Self-Help website or can be purchased at the Clerk's Office.

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

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

- 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 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"

- c. Additional children 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: 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
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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.

CONFIDENTIAL

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): _____ 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: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: _____
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. Jurisdiction for bringing action

- a. Petitioner is the mother father of the minor children.
- b. Respondent is the mother father of the minor children.

- 2. a. Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Petitioner and respondent have signed a Voluntary Declaration of Paternity regarding the minor children, and no other action is pending in any other court. (*Attach a copy of declaration*)
- c. Petitioner and respondent are not married and have legally adopted a child together.
- d. Petitioner and respondent have been determined to be the parents in a juvenile or governmental child support case number _____
 County _____ State _____ Country (if not the United States) _____

3. The following minor children are the subject of this action:

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
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Continued on Attachment 3.

4. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

5. Child custody and visitation. I request the following orders:

- | | 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. Visitation of children with | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(1) The proposed schedule for visitation is as follows:

- See the attached form FL-311, *Child Custody and Visitation Attachment*.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

5. d. I request that visitation be supervised with the following persons, with the following restrictions:

Continued on Attachment 5d.

- e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.

6. **Fees and cost of litigation**

- a. Attorney fees will be paid by petitioner respondent.
- b. Each party will pay own fees.


7. **Child Support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. *A completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) is attached.*

8. Other (specify):

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

Date:

(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF RESPONDENT)

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i>: _____</p> <p>E-MAIL ADDRESS <i>(Optional)</i>: _____</p> <p>ATTORNEY FOR <i>(Name)</i>: _____</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 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: _____



(SIGNATURE OF PERSON COMPLETING THIS FORM)

(TYPE OR PRINT NAME)

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.