



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 other party **BLANK**.

Response to Petition to Establish Parental Relationship Packet

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 Petition for Parentage, Custody, Visitation and Child Support.

The term "Establishing parentage" means determining who the legal parents of a child are if the parents were not married when the child was born. If the parents were married when the child was born, the law usually considers the husband to be the father.

After January 1, 2005, if parents are registered domestic partners when a child is born, the law assumes that the domestic partners are parents. However, since this law is new and unsettled, same sex parents should get legal advice to make sure that the parentage is clear. Parents who are not married when a child is born can sign a Voluntary Declaration of Paternity at the hospital. This form can also be signed at the local child support agency, public health or the Family Law Facilitator's Office if both parties are present and show identification. When people who are not married cannot agree about parentage, the Court can order genetic testing. Usually a child's parentage must be established **BEFORE** the Court can make any child support, custody and/or visitation orders.

ALERT! If a person is established as a legal parent of a child, that person MUST support the child. It is a crime for a legal parent to fail to support his or her child. A legal parent also has the right to get custody and/or visitation rights related to the child. Even if you get temporary orders for child support, child custody and visitation, you MUST submit the documents necessary to obtain a Judgment of Paternity. THE COURT WILL NOT FINALIZE YOUR CASE FOR YOU. YOU MUST SUBMIT JUDGMENT PAPERWORK.

A Judgment of Paternity protects your child's rights to receive support from both parents, to collect Social Security Worker's Compensation, State Disability or other benefits if a parent dies or becomes disabled, and to inherit from the estates of both parents or from other family members as the survivor of a deceased parent. A Judgment of Paternity protects each parent's rights of support for the child from the other parent; to visit and be with the child; to access a child's medical, dental and educational records; and to participate in important decisions concerning the child.

Revised 08/8/2011

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-220 - Response to Petition to Establish Parental Relationship**
- **FL-105 - Declaration Under Uniform Child Custody Jur. & Enf. Act**
- **FL-335- Proof of Service by Mail**

CASE MANAGEMENT INFORMATION:

- 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.

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): _____

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO.: _____ 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: _____	
PROOF OF SERVICE BY MAIL	CASE NUMBER: _____

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 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.

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. Write in the date that you put the envelope containing the documents in the mail.
 - d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. 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.

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.: _____ 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 TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)	CASE NUMBER: _____

1. The children are (name each):

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
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 - b. A child who is not yet born

2. The petitioner is
 - a. the mother of the children listed above.
 - b. the father of the children listed above.
 - c. not certain whether he or she is the biological parent of the children listed above.
 - d. the child or child 's representative (specify court and date of appointment):
 - e. other (specify):

3. The respondent
 - a. lives in the state of California.
 - b. was in California when the listed children were conceived.
 - c. neither a nor b
 - d. other (specify):

4. The children
 - a. live or are in this county.
 - b. are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.

5. The respondent is
 - a. the father of the children listed in item 1 above.
 - b. the mother of the children listed in item 1 above.
 - c. not certain if he or she is the parent of the children listed in item 1 above.
 - d. not the parent of the children listed in item 1 above.
 - e. other (specify):

6. Additional statements
 - a. Parentage has been established by a Voluntary Declaration of Paternity (attach copy).
 - b. Parentage has been established in another case governmental child support other (specify):
 - c. Public assistance is being provided to the children.

PETITIONER: RESPONDENT:	CASE NUMBER:
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The respondent requests that the court make the orders listed below.

7. **Parent-child relationship** (check all that apply):
- a. Respondent Petitioner Other (specify): _____ is the parent of the children listed in item 1.
- b. Respondent Petitioner Other (specify): _____ is not the parent of the children listed in item 1.
- c. Respondent requests genetic (blood) tests to determine whether the petitioner respondent is the parent of the children listed.
8. **Child custody and visitation**
- a. If Petitioner Respondent Other is found to be the parent of the children listed in item 1:
- | | | | | |
|--|------------|------------|-------|-------|
| | Petitioner | Respondent | Joint | Other |
|--|------------|------------|-------|-------|
- b. Legal custody of children should go to
- c. Physical custody of children should go to
- d. Visitation of children should be as follows:
- (1) None
- (2) Reasonable visitation
- (3) Petitioner Respondent should have the right to visit the children as follows (specify): _____
- (4) Visitation should occur with the following restrictions (specify): _____
- (5) I request mediation to work out a parenting plan.
9. **Reasonable expenses of pregnancy and birth**
- | | | | |
|--------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| | Petitioner | Respondent | Both |
| Reasonable expenses of pregnancy and birth should be paid by | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
10. **Fees and costs of litigation**
- | | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| | Petitioner | Respondent | Both |
| a. Attorney fees should be paid by | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings should be paid by | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
11. **Name change.** The children's names should be changed, according to Family Code section 7638, as follows (specify old and new names): _____
12. **Other orders requested** (specify): _____

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

I have read the restraining order on the back of the *Summons* (form FL-210) and I understand it applies to me.

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

Date:

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF RESPONDENT)
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NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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: _____	
(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	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. (If NOT the same, provide the information below.)				
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:
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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)		

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, state bar number, and address):</i></p> <hr/> <p>TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i>:</p>	<p>FOR COURT USE ONLY</p>	
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</p> <p>STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME:</p>		
<p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT:</p> <p>OTHER PARENT:</p>		
<p>PROOF OF SERVICE BY MAIL</p>		<p>CASE NUMBER:</p>

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 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)