# FAMILY LAW FACILITATOR'S OFFICE PATERNITY JUDGMENT WORKSHOPS

WORKSHOP DATE:	9:00 A.M.
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	NAME	CASE NUMBER	LANGUAGE SPOKEN	DAYTIME PHONE NUMBER	DEFAULT, STIPULATED OR CONTESTED	COMMENTS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						



# Family Law Facilitator's Office Pomona Superior Courthouse



# TICKET TO FAMILY LAW FACILITATOR'S PATERNITY JUDGMENT WORKSHOP

Return to
SELF HELP CENTER
7TH Floor, Room 730
for your Workshop on:

Day:	TUESDAY		
Date: _			

Check-in 9:00 a.m.



## PLEASE BRING THE FOLLOWING TO YOUR WORKSHOP

 Bring a copy of child(ren)'s Birth Certificate and Voluntary Declaration of (if you have one)
 If you agree to the terms of a Conciliation Court Agreement regarding or visitation, bring a copy of the Conciliation Court Agreement
 If there is a child support case with the Child Support Services Department, f the current support order or your child support "BY" case number
 If you have minor children and do not have a "BY" child support case, f both parties FL-150 "Income and Expense Declaration" and/or recent stubs

Bring 8-10 postage stamps (.44 cents each) and black ink pen



#### FAMILY LAW FACILITATOR'S OFFICE

### Intake Form for Paternity Judgment Workshop

14 FORM	Workshop Date Assigned		
1. Case Number:		(Office Use Only)	
2. Name:	□ Petit	ioner □ Respondent	
3. Address			
4. Phone Number:			
5. Have you moved since the c	se was opened?	∕es □ No	
6. If yes, have you filed a Chan	e of Address with the court? $\ \square$ Y	′es □ No	
7. Other Party's Name:	7. Other Party's Name: □ Petitioner □ Responde		
8. Address			
10. If yes, have they filed a Cha 11. Minor Children of this Relation Name: Name: Name: Name:	Age: Date of Bi Age: Date of Bi Age: Date of Bi Age: Date of Bi hild's birth certificate. (If more the	Yes	
	OFFICE USE ONLY		
Response Filed	□ Yes □ No		
rresponse i lieu	□ 165 □ NO		
Default Entered	☐ Yes ☐ No		
Trial Held	□ Yes □ No		
Minute Order Ready	□ Yes □ No		
Change of Address form given	□ Yes □ No		