

SAMPLES

UPA RESPONSE PACKET

Rev. 8/27/2012

Use the samples to help you complete
the packet of blank forms.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) : YOUR NAME YOUR ADDRESS TELEPHONE NO.: YOUR PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name): SELF-REPRESENTED	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: ASK STAFF TO STAMP MAILING ADDRESS: FORM WITH CORRECT CITY AND ZIP CODE: ADDRESS BRANCH NAME:	
PETITIONER: THE OTHER PARENT'S NAME RESPONDENT: YOUR NAME	
RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)	CASE NUMBER: YOUR CASE NUMBER

1. The children are (name each) :

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
CHILD #1'S NAME	BIRTHDATE	AGE	M/F
CHILD #2'S NAME	BIRTHDATE	AGE	M/F
CHILD #3'S NAME	BIRTHDATE	AGE	M/F

b. A child who is not yet born

2. The petitioner is

CHECK ONE (WHO IS THE PERSON WHO STARTED THE CASE?)

- 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

CHECK THE BOX THAT APPLIES TO YOU (YOU ARE 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

CHECK ONE

- 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

CHECK ONE (WHO ARE YOU?)

- 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

CHECK ANY THAT APPLY

- 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: THE OTHER PARENT'S NAME RESPONDENT: YOUR NAME	CASE NUMBER: YOUR 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) : CHECK THE BOXES BELOW 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.

COMPLETE ITEM 8 WITH WHAT YOU WANT AS THE CUSTODY AND VISITATION ORDER.

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
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- b. Legal custody of the children should go to

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------
- c. Physical custody of the children should go to

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- d. Visitation of the children should be as follows:
 - (1) None
 - (2) Reasonable visitation
 - (3) Petitioner Respondent should have the right to visit the children as follows (specify) :
SEE ATTACHMENT FORM FL-311
 - (4) Visitation should occur with the following restrictions (specify) :
IF YOU WANT ANY RESTRICTIONS ON VISITATION DESCRIBE THEM HERE.
 - (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: **TODAY'S DATE**

PRINT YOUR NAME HERE _____
(TYPE OR PRINT NAME)

▶ SIGN YOUR NAME HERE _____
(SIGNATURE OF RESPONDENT)

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

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: YOUR CASE NUMBER
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO **Petition, Response, Application for Order or Responsive Declaration** **Other (specify):**
 To be ordered now and effective until the hearing

1. **Custody.** Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <small>(person who makes decisions about health, education, etc.)</small>	<u>Physical Custody to</u> <small>(person with whom the child lives)</small>
CHILD #1'S NAME	BIRTHDATE	YOU HAVE 3 CHOICES:	YOU HAVE 3 CHOICES:
CHILD #2'S NAME	BIRTHDATE	YOUR NAME,	YOUR NAME,
CHILD #3'S NAME	BIRTHDATE	THE OTHER PARENT'S NAME	THE OTHER PARENT'S NAME
		OR JOINT	OR JOINT

2. **Visitation.**

a. Reasonable **violence** COMPLETE THIS SECTION WITH THE PARENTING SCHEDULE YOU WANT FOR THE PARENT THE CHILD DOESN'T USUALLY LIVE WITH involving domestic

b. See the attached _____-page document dated *(specify date)*:

c. The parties will go to mediation at *(specify location)*: Check box 2.c. IF you want the court to order you and the other party to go to Mediation to work out a parenting plan

d. No visitation

e. Visitation for the petitioner respondent will be as follows:

(1) **Weekends starting (date):** Check the box if you are asking for Weekend parenting time

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(a) The parents will alternate the fifth weekends, with the petitioner respondent having the initial fifth weekend, which starts *(date)*:

(b) The petitioner will have fifth weekends in odd even months.

(2) **Alternate weekends starting (date) :**

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(3) **Weekdays starting (date) :** Check the box if you are asking for Weekday parenting time

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions) :**

See Attachment 2e(4).

PETITIONER: PETITIONER'S NAME	CASE NUMBER: YOUR CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	

FILL OUT ITEM 3 IF IT APPLIES

3. **Supervised visitation.**
 I request that (name) : _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by (name) : _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (specify) :

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

FILL OUT ITEM 4 IF IT APPLIES

4. **Transportation for visitation and place of exchange.**

- a. Transportation **to** the visits will be provided by (name) :
- b. Transportation **from** the visits will be provided by (name) :
- c. Drop-off of the children will be at (address) :
- d. Pick-up of the children will be at (address) :
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other (specify) :

FILL OUT ITEM 5 IF IT APPLIES

5. **Travel with children.** The petitioner respondent other (name) : _____ **must** have written permission from the other parent or a court order to take the children out of

- a. the state of California.
- b. the following counties (specify) :
- c. other places (specify) :

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7. **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached form FL-341(C) other (specify):

8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) other (specify):

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) other (specify):

10. **Other.** I request the following additional orders (specify) :



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: THE OTHER PARENT'S NAME <small>(This section applies only to family law cases.)</small> RESPONDENT: YOUR NAME OTHER PARTY: _____	
GUARDIANSHIP OF (Name): LEAVE BLANK <small>(This section applies only to guardianship cases.)</small> Minor	CASE NUMBER: LEAVE BLANK
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. # OF CHILDREN YOU HAVE WITH THE OTHER PARTY
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 CHILD #1'S NAME (OLDEST CHILD)	Place of birth FOR EXAMPLE: SAN JOSE, CA	Date of birth BIRTHDATE	Sex M OR F
Period of residence 1/05 to present	Address 123 MAPLE STREET <input type="checkbox"/> Confidential SAN JOSE, CA	Person child lived with (name and complete current address) JOHN SMITH <input type="checkbox"/> Confidential SAME ADDRESS	Relationship FATHER
3/00 to 1/05	Child's residence (City, State) 231 ELM STREET, MILPITAS, CA	Person child lived with (name and complete current address) SALLY DOE 543 OAK STREET, SAN JOSE, CA	MOTHER
to	ABOVE IS AN EXAMPLE OF HOW TO COMPLETE THIS FORM. THIS FORM ASKS YOU TO SHOW WHERE THE CHILD HAS LIVED FOR THE LAST 5 YEARS AND WHO HAS LIVED WITH THE CHILD. START WITH THE CHILD'S CURRENT ADDRESS AND WORK BACKWARDS FOR THE LAST 5 YEARS. IF YOU CAN'T REMEMBER OR DON'T KNOW THE EXACT ADDRESSES, PUT AS MUCH AS YOU KNOW.		
to			
b. Child's name CHILD #2'S NAME (NEXT OLDEST CHILD)	Place of birth FOR EXAMPLE: SAN JOSE, CA	Date of birth BIRTHDATE	Sex M OR F
<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	IF THERE ARE MORE CHILDREN, FILL OUT ITEM 2 (AND ATTACHMENT FORM FL-105(A) IF THERE ARE 3 OR MORE CHILDREN). IF THE ADDITIONAL CHILDREN HAVE THE SAME ADDRESS INFORMATION AS THE OLDEST CHILD CHECK THE BOX IN ITEM B SAYING IT IS THE SAME. IF THE ADDRESS INFORMATION IS DIFFERENT THEN COMPLETE THE ENTIRE ADDRESS SECTION.		
to			
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: OTHER PARENT'S LAST NAME V. YOUR LAST NAME	CASE NUMBER: LEAVE BLANK
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

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

IF YOU KNOW ABOUT ANY OTHER COURT CASE(S) INVOLVING THE CHILD(REN) IN THIS CASE CHECK "YES" ABOVE AND COMPLETE THIS SECTION.

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

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

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

IF THERE ARE ANY RESTRAINING ORDERS IN PLACE, CHECK THE BOX NEXT TO ITEM 5, THEN CHECK THE BOX NEXT TO THE TYPE OF COURT THAT MADE THE ORDERS AND FILL IN THE CASE INFORMATION HERE.

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

a. Name and address of person	b. Name and address of person	c. Name and address of person
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> IF YOU THINK YOU SHOULD FILL OUT THIS AREA, CHECK WITH STAFF FIRST. </div>		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

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

Date: TODAY'S DATE

PRINT YOUR NAME HERE _____
 (TYPE OR PRINT NAME)

SIGN YOUR NAME HERE _____
 (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406)
(Name, state bar number, and address) :

FOR COURT USE ONLY

**YOUR NAME
YOUR ADDRESS**

TELEPHONE NO.:

FAX NO.:

ATTORNEY FOR (Name) : **SELF-REPRESENTED**SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Santa Clara**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

**ASK STAFF TO STAMP
FORM WITH CORRECT
ADDRESS**

PETITIONER/PLAINTIFF: **THE OTHER PARENT'S NAME**RESPONDENT/DEFENDANT: **YOUR NAME**

OTHER PARENT:

PROOF OF SERVICE BY MAIL

CASE NUMBER:

YOUR CASE NUMBER

**SAMPLE
ONLY
Do not write
on this copy!**

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.

THE REST OF THIS FORM SHOULD BE COMPLETED BY THE PERSON WHO MAILED A FILED COPY OF YOUR FORMS TO THE OTHER PARENT

2. My residence or business address is:
SERVER WILL WRITE THEIR ADDRESS HERE

3. I served a copy of the following documents (*specify*) :
**FILED COPIES OF: RESPONSE TO PETITION TO ESTABLISH PARENTAL
RELATIONSHIP (FL-220); CHILD CUSTODY AND VISITATION
APPLICATION ATTACHMENT (FL-311); UCCJEA (FL-105)**

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: **OTHER PARENT'S NAME**
b. Address: **OTHER PARENT'S ADDRESS**
c. Date mailed: **DATE SERVER MAILED COPIES**
d. Place of mailing (*city and state*) : **PLACE WHERE SERVER PUT COPIES OF YOUR FORMS IN THE MAIL**

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

Date: **DATE SERVER SIGNED THIS FORM**

SERVER WILL PRINT THEIR NAME HERE

(TYPE OR PRINT NAME)

► **SERVER SIGNS HERE**

(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.