

SAMPLES

START UPA WITH REQUEST FOR ORDER, C/V

Rev. 8/1/2012

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

E-MAIL ADDRESS (Optional): _____

ATTORNEY FOR (Name): _____

FOR COURT USE ONLY

SAMPLE ONLY

Do not write on this copy!

CASE NUMBER: **LEAVE BLANK**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY AND ZIP CODE: _____

BRANCH NAME: _____

ASK STAFF TO STAMP FORM WITH CORRECT ADDRESS

PETITIONER/PLAINTIFF: YOUR NAME

RESPONDENT/DEFENDANT: THE OTHER PARENT'S NAME

OTHER PARENT/PARTY: _____

REQUEST FOR ORDER **MODIFICATION** **Temporary Emergency Order**

Child Custody and Visitation **Child Support** **Attorney Fees and Costs**

CHECK ALL THE BOXES THAT APPLY (specify):

1. TO (name): **OTHER PARTY'S NAME** (also put DCSS if they are involved with child support issues)
2. A hearing on this Request for Order will be held as follows: **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)**

a. Date: _____ Time: _____ Dept.: _____ Room.: _____

b. Address of court same as noted above other (specify): **SAME AS STREET ADDRESS ABOVE**

CHECK IF OTHER FORMS ARE ATTACHED

3. Attachments to be served with this Request for Order:
 - a. A **blank Responsive Declaration** (form FL-320)
 - b. **Completed Income and Expense Declaration** (form FL-150) and a **blank Income and Expense Declaration**
 - c. **Completed Financial Statement (Simplified)** (form FL-155) and a **blank Financial Statement (Simplified)**
 - d. **Points and authorities**
 - e. **Other (specify):** **FL-311, FL-210, FL-200, FL-105, FM-1021**

Date: **TODAY'S DATE** **PRINT YOUR NAME HERE** **SIGN YOUR NAME HERE**

(TYPE OR PRINT NAME) (SIGNATURE)

COURT ORDER

4. YOU ARE ORDERED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL REASON WHY THE ORDERS REQUESTED SHOULD NOT BE GRANTED. 16 COURT DAYS BEFORE YOUR HEARING DATE
5. Time for service hearing is shortened. Service must be on or before (date): _____ HEARING DATE
6. Any responsive declaration must be served on or before (date): 9 COURT DAYS BEFORE HEARING DATE
7. The parties are ordered to attend mandatory custody services as follows:
BOTH PARTIES ARE ORDERED TO ATTEND ORIENTATION AND MEDIATION THROUGH FAMILY COURT SERVICES, 408-534-5760.
8. You are ordered to comply with the *Temporary Emergency Court Orders* (form FL-305) attached.
9. Other (specify): _____

Date: **LEAVE BLANK** **LEAVE BLANK**

JUDICIAL OFFICER

To the person who received this Request for Order: If you wish to respond to this Request for Order, you must file a Responsive Declaration to Request for Order (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the Responsive Declaration to Request for Order (form FL-320) or any other declaration including an Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155).

PETITIONER/PLAINTIFF: YOUR NAME RESPONDENT/DEFENDANT: THE OTHER PARENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">LEAVE BLANK</div>
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REQUEST FOR ORDER AND SUPPORTING DECLARATION

Petitioner **Respondent** **Other Parent/Party** requests the following orders:

1. **CHILD CUSTODY** **To be ordered pending the hearing**
- a. Child's name and age b. Legal custody to (name of person who makes decisions about health, education, etc.) c. Physical custody to (name of person with whom child will live)

CHILD #1'S NAME, AGE
 CHILD #2'S NAME, AGE
 CHILD #3'S NAME, AGE

SEE ATTACHED FL-311

- d. As requested in form *Child Custody and Visitation Application Attachment* (form FL-311)
 Request for Child Abduction Prevention Orders (form FL-312)
 Children's Holiday Schedule Attachment (form FL-341(C))
 Additional Provisions—Physical Custody Attachment (form FL-341(D))
 Joint Legal Custody Attachment (form FL-341(E))
 Other (Attachment 1d)

- e. **Modify existing order**
 (1) filed on (date):
 (2) ordering (specify):

2. **CHILD VISITATION (PARENTING TIME)** **To be ordered pending the hearing**
- a. As requested in: (1) Attachment 2a (2) *Child Custody and Visitation Application Attachment* (form FL-311)
 (3) Other (specify):

- b. **Modify existing order**
 (1) filed on (date):
 (2) ordering (specify):

c. **One or more d** IF THERE ARE ANY RESTRAINING ORDERS BETWEEN YOU AND THE OTHER PARENT, CHECK BOX 2c AND COMPLETE THIS SECTION. you have one.) The orders are from the following court or courts (specify county and state):

- | | |
|--|--|
| (1) <input type="checkbox"/> Criminal: County/state:
Case No. (if known): | (3) <input type="checkbox"/> Juvenile: County/state:
Case No. (if known): |
| (2) <input type="checkbox"/> Family: County/state:
Case No. (if known): | (4) <input type="checkbox"/> Other: County/state:
Case No. (if known): |

3. **CHILD SUPPORT (An earnings a** COMPLETE ITEM 3 IF YOU ARE ASKING FOR CHILD SUPPORT ORDERS

- a. Child's name and age b. I request support based on the child support guidelines c. Monthly amount requested (if not by guideline) \$

CHILD #1'S NAME, AGE
 CHILD #2'S NAME, AGE
 CHILD #3'S NAME, AGE

- d. **Modify existing order** IF YOU ARE ASKING TO CHANGE AN EXISTING ORDER, CHECK BOX 3d AND FILL IN THE AMOUNT OF YOUR CURRENT CHILD SUPPORT ORDER.
 (1) filed on (date):
 (2) ordering (specify):

Notice: The court is required to order child support based on the income of both parents. It normally continues until the child is 18. You must supply the court with information about your finances by filing an *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155). Otherwise, the child support order will be based on information about your income that the court receives from other sources, including the other parent.

PETITIONER/PLAINTIFF: YOUR NAME RESPONDENT/DEFENDANT: THE OTHER PARENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 5px;">LEAVE BLANK</div>
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4. SPOUSAL OR PARTNER SUPPORT (*An earnings assignment order may be issued.*)
- a. Amount requested (*monthly*): \$ c. Modify existing order
 b. Terminate existing order
 (1) filed on (*date*): (1) filed on (*date*):
 (2) ordering (*specify*): (2) ordering (*specify*):
- d. The *Spousal or Partner Support Declaration Attachment* (form FL-157) is attached (*for modification of spousal or partner support after judgment only*)
- e. An *Income and Expense Declaration* (form FL-150) must be attached
5. ATTORNEY FEES AND COSTS are requested on *Request for Attorney Fees and Costs Order Attachment* (form FL-319) or a declaration that addresses the factors covered in that form. An *Income and Expense Declaration* (form FL-150) must be attached. A *Supporting Declaration for Attorney Fees and Costs Order Attachment* (form FL-158) or a declaration that addresses the factors covered in that form must also be attached.
6. PROPERTY RESTRAINT To be ordered pending the hearing
- a. The petitioner respondent claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
- The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.
- b. Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.
- c. Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.
7. PROPERTY CONTROL To be ordered pending the hearing
- a. The petitioner respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (*specify*):
- b. The petitioner respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
| | | |
8. OTHER RELIEF (*specify*):

CHECK WITH STAFF BEFORE WRITING ANYTHING HERE

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100), *Temporary Restraining Order (Domestic Violence)* (form DV-110), and *Notice of Court Hearing (Domestic Violence)* (form DV-109).

PETITIONER/PLAINTIFF: YOUR NAME RESPONDENT/DEFENDANT: THE OTHER PARENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100px; margin: 0 auto;">LEAVE BLANK</div>
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9. I request that time for service of the *Request for Order* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): _____ days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.
10. FACTS IN SUPPORT of orders requested and change of circumstances for any modification are (*specify*):
 Contained in the attached declaration. (*You may use Attached Declaration (form MC-031) for this purpose. The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.*)

EXPLAIN WHY THE ORDERS YOU ARE REQUESTING ARE IN THE BEST INTEREST OF THE CHILD.

FOR EXAMPLE, IF YOU WANT THE COURT TO GIVE YOU PHYSICAL CUSTODY, YOU NEED TO EXPLAIN HERE WHY THE CHILD IS BETTER OFF LIVING WITH YOU INSTEAD OF THE OTHER PARENT.

IF YOU ARE ASKING THE COURT TO ORDER PARENTING TIME (VISITATION) EITHER FOR YOU OR THE OTHER PARENT, EXPLAIN WHY THE SCHEDULE YOU ARE REQUESTING IS IN THE BEST INTEREST OF THE CHILD. IF YOU ARE ASKING THE COURT TO STOP THE OTHER PARENT'S PARENTING TIME, EXPLAIN SPECIFIC REASONS WHY.

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 APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)

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) :



SUMMONS-UNIFORM PARENTAGE-PETITION FOR CUSTODY AND SUPPORT

CITACION JUDICIAL-DERECHO DE FAMILIA

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

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

THE OTHER PARENT'S NAME

You are being sued. *A usted le esta*

NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARENT'S NAME THE SAME WAY THROUGHOUT YOUR FORMS.

SAMPLE ONLY
Do not write on this copy!

PETITIONER'S NAME IS:

EL NOMBRE DEL DEMANDANTE ES:

YOUR NAME

CASE NUMBER: (Número del Caso)

LEAVE BLANK

You have **30 CALENDAR DAYS** after this Summons and Petition are served on you to file a *Response to Petition to Establish Parental Relationship* (form FL-220) or *Response to Petition for Custody and Support of Minor Children* (form FL-270) at the court and serve a copy on the petitioner. A letter or phone call will not protect you.

If you do not file your Response on time, the court may make orders affecting custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form. If you want legal advice, contact a lawyer immediately.

Usted tiene 30 DIAS CALENDARIOS después de recibir oficialmente esta citación judicial y petición, para completar y presentar su formulario de Respuesta (Response form FL-220) ante la corte. Una carta o una llamada telefónica no le ofrecerá protección.

Si usted no presenta su Respuesta a tiempo, la corte puede expedir órdenes que afecten la custodia de sus hijos ordenen que usted pague manutención, honorarios de abogado y las costas. Si no puede pagar las costas por la presentación de la demanda, pida al actuario de la corte que le dé un formulario de exoneración de las mismas (Waiver of Court Fees and Costs).

Si desea obtener consejo legal, comuníquese de inmediato con un abogado.

NOTICE *The restraining order on the back is effective against both mother and father 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.*

AVISO *Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambos cónyuges, madre el esposo como la esposa, hasta que la petición sea rechazada, se dicte una decisión final o la corte expida instrucciones adicionales. Dichas prohibiciones pueden hacerse cumplir en cualquier parte de California por cualquier agente del Orden público que las haya recibido o que haya visto una copia de ellas.*

- The name and address of the court is: *(El nombre y dirección de la corte es)*
Superior Court of California, County of Santa Clara
170 PARK CENTER PLAZA OR 605 W. EL CAMINO REAL
SAN JOSE, CA 95113 SUNNYVALE, CA 94087

ASK STAFF TO STAMP FORM WITH CORRECT ADDRESS

- The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is:
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)

YOUR NAME
YOUR ADDRESS

YOUR PHONE #

Date *(Fecha)*: **LEAVE BLANK** Clerk *(Actuario)*, by _____, Deputy

NOTICE TO THE PERSON SERVED: You are served

- as an individual.
- on behalf of respondent
 under: Code Civ. Proc., § 416.60 (minor) Code Civ. Proc., § 416.90 (individual)
 Code Civ. Proc., § 416.70 (ward or conservatee) other:

- by personal delivery on *(date)*:
 (Read the reverse for important information)
(Lea el reverso para obtener información de importancia)

STANDARD RESTRAINING ORDER-SUMMONS
Uniform Parentage Act, Petition for Custody
PROHIBICION JUDICIAL ESTANDARE-Ley Uniforme de Paternidad

STANDARD RESTRAINING ORDER

You and the other party are restrained from removing from the state the minor child or children for whom this action seeks to establish a parent-child relationship without the prior written consent of the other party or an order of the court.

This restraining order is effective against petitioner upon filing a petition and against respondent on personal service of the summons and petition or on waiver and acceptance of service by respondent.

This restraining order is effective until the judgment is entered, the petition is dismissed, or the court makes a further order.

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

PROHIBICIONES JUDICIALES ESTANDARES

A partir de este momento, a usted y a la otra parte se les prohíbe que saquen del estado al hijo o hijos menores de las partes, para quienes esta acción judicial procura establecer una relación entre hijo y padres, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte.

Esta prohibición judicial 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 judicial y petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta prohibición judicial continuará en vigencia hasta que se dicte la decisión final, la petición sea rechazada o la corte expida instrucciones adicionales.

Podrán hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) :

FOR COURT USE ONLY

**YOUR NAME
YOUR ADDRESS**

**NOTE: YOU MUST WRITE
YOUR NAME AND THE OTHER
PARENT'S NAME THE SAME
WAY THROUGHOUT YOUR FORMS.**

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

TELEPHONE NO. (Optional): **YOUR PHONE #**

E-MAIL ADDRESS (Optional):

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: **YOUR NAME**

RESPONDENT: **THE OTHER PARENT'S NAME**

PETITION TO ESTABLISH PARENTAL RELATIONSHIP

- Child Support** **Child Custody**
 Visitation **Other (specify) :**

CASE NUMBER:
LEAVE BLANK

1. Petitioner is

- a. the mother.
 b. the father.
 c. the child or the child's personal representative (specify court and date of appointment) :
 d. other (specify) :

PICK WHICH ONE YOU ARE

2. The children are

a. <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.

3. The court has jurisdiction over the respondent because the respondent

- a. resides in this state.
 b. had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 c. other (specify) :

CHOOSE ONE

4. The action is brought in this county because (you must check one or more to file in this county) :

- a. the child resides or is found in the county.
 b. a parent is deceased and proceedings for administration of the estate have been or could be started in this county.

5. Petitioner claims (check all that apply) :

- a. respondent is the child's mother.
 b. respondent is the child's father.
 c. parentage has been established by Voluntary Declaration of Paternity (attach copy).
 d. respondent who is child's parent has failed to support the child.
 e. (name) : _____ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the child is obligated:
 Amount Payable to For (specify) :

- f. public assistance is being provided to the child.
 g. other (specify) : **IF YOU HAVE A CASE OPEN WITH DCSS PUT THE CASE NUMBER HERE**

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

PETITIONER: YOUR NAME RESPONDENT: THE OTHER PARENT'S NAME	CASE NUMBER: LEAVE BLANK
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Petitioner requests the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP
 a. Respondent b. Petitioner
 c. Other (specify) : CHOOSE ONE ON EACH ROW is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION

	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:
 (1) None
 (2) Reasonable visitation. CHOOSE WHICH PARENT WILL HAVE VISITS
 (3) Petitioner Respondent should have the right to visit the children as follows:

See FL-311 attached to FL-300 filed concurrently.

(4) Visitation with the following restrictions (specify) :

d. Facts in support of the requested custody and visitation orders are (specify) :
 Contained in the attached declaration. See FL-311 attached to FL-300 filed concurrently.
 e. I request mediation to work out a parenting plan.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:
 Reasonable expenses of pregnancy and birth be paid by as follows:

	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to 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 to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE
 Children's names be changed, pursuant to Family Code section 7638, as follows (specify) :

12. CHILD SUPPORT
 The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13. I have read the restraining order on the back of the *Summons* (FL-210) and I understand 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: **TODAY'S DATE**

PRINT YOUR NAME HERE
(TYPE OR PRINT NAME)

▶ **SIGN YOUR NAME HERE**
(SIGNATURE OF PETITIONER)

A blank *Response to Petition to Establish Parental Relationship* (form FL-220) 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 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 (<i>Name, State Bar number, and address</i>): YOUR NAME YOUR ADDRESS TELEPHONE NO.: E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	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:	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> ASK STAFF TO STAMP WITH CORRECT ADDRESS </div>
PETITIONER: YOUR NAME RESPONDENT: THE OTHER PARENT'S NAME OTHER PARTY:	(This section applies only to family law cases.)
GUARDIANSHIP OF (<i>Name</i>): LEAVE BLANK	(This section applies only to guardianship cases.) 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 (<i>name and complete current address</i>) JOHN SMITH <input type="checkbox"/> Confidential SAME ADDRESS	Relationship FATHER
3/00 to 1/05	Child's residence (<i>City, State</i>) 231 ELM STREET, MILPITAS, CA	Person child lived with (<i>name and complete current address</i>) 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	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.		
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
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (<i>name and complete current address</i>) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (<i>City, State</i>)	Person child lived with (<i>name and complete current address</i>)	Relationship
to	Child's residence (<i>City, State</i>)	Person child lived with (<i>name and complete current address</i>)	Relationship

- 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: PETITIONER'S LAST NAME V. RESPONDENT'S 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
IF YOU THINK YOU SHOULD FILL OUT THIS AREA, CHECK WITH STAFF FIRST.		
<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.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;">YOUR NAME</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;">YOUR ADDRESS</div> TELEPHONE NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<p>FOR COURT USE ONLY</p> <p style="font-size: 2em; font-weight: bold; margin: 10px 0;">SAMPLE ONLY</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">Do not write on this copy!</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	<div style="border: 1px solid black; padding: 5px; width: 80%; margin: 0 auto;"> <p style="font-weight: bold; margin: 0;">ASK STAFF TO STAMP FORM WITH CORRECT ADDRESS</p> </div>
PETITIONER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">YOUR NAME</div> RESPONDENT: <div style="border: 1px solid black; padding: 2px; display: inline-block;">OTHER PARENT'S NAME</div>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">LEAVE BLANK</div>
<p>PROOF OF SERVICE OF SUMMONS</p>	

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: *Petition—Marriage* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage* (form FL-120)
 - or—
 - b. Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
 - or—
 - c. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or—
 - d. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- MARK THE BOXES OF ANY ATTACHED FORMS. **and**
- e. (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):
 ADR Options (Local Form FM-1021),
 Family Law Notice (Local Form FM-1049)
 Child Custody and Application Attachment (FL-311)
2. Address where respondent was served:
- THE SERVER WRITES IN THE ADDRESS WHERE THE OTHER PARENT WAS SERVED (HANDED) A COPY OF THE FILED COURT PAPERS.
3. I served the respondent by the following means (check proper box):
- a. **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10)
 on (date):

DATE OF SERVICE

 at (time):

TIME OF SERVICE (INCLUDE AM OR PM)
 - 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.

PETITIONER: YOUR NAME	CASE NUMBER: LEAVE BLANK
RESPONDENT: YOUR HUSBAND/WIFE'S NAME	

3. b. (cont.) on (date): _____ at (time): _____

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

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

c. **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____

(1) with two copies of the *Notice and Acknowledgment of Receipt* (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.)

d. **Other** (specify code section): _____

Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):

a. As an individual **or**

b. On behalf of respondent who is a

(1) minor. (Code Civ. Proc., § 416.60.)

(2) ward or conservatee. (Code Civ. Proc., § 416.70.)

(3) other (specify): _____

5. **Person who served papers**

Name: NAME OF SERVER (PERSON WHO HANDED THE PAPERS TO THE OTHER PARENT)

Address: SERVER'S ADDRESS

Telephone number: SERVER'S PHONE 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): \$ _____

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

-or-

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

Date: DATE SERVER SIGNS

SERVER PRINTS THEIR NAME HERE

(NAME OF PERSON WHO SERVED PAPERS)

SERVER SIGNS HERE

(SIGNATURE OF PERSON WHO SERVED PAPERS)