

**JUDICIAL COUNCIL OF CALIFORNIA
ADMINISTRATIVE OFFICE OF THE COURTS**

455 Golden Gate Avenue
San Francisco, California 94102-3688

Report

TO: Members of the Judicial Council

FROM: Administrative Office of the Courts
Kenneth Kann, Managing Attorney,
Susan Goins, Senior Attorney, 415-865-7990
Romunda Price, Administrative Coordinator

DATE: August 16, 2005

SUBJECT: Miscellaneous Technical Changes to the California Rules of Court and Judicial Council Forms (amend Cal. Rules of Court, rule 870.2; revise forms 982(a)(15.5), CR-200, DV-100, DV-120, DV-160, FI-100, FI-120, FI-128, FI-129, FI-130, FL-110, FL-145, FL-192, JV-828, MC-030, MC-050, and SC-130; approve FL-192S) (Action Required)

Issue Statement

Advisory committee members, court personnel, members of the public, and Administrative Office of the Courts staff have identified errors in rules, standards, and forms resulting from prior rule amendments, renumbering, and inadvertent omissions.

Recommendation

The Administrative Office of the Courts staff recommends that the Judicial Council, effective January 1, 2006, amend rule 870.2 and revise forms 982(a)(15.5), CR-200, DV-100, DV-120, DV-160, FI-100, FI-120, FI-128, FI-129, FI-130, FL-110, FL-145, FL-192, JV-828, MC-030, MC-050, SC-130; and approve FL-192S to:

1. Correct cross-references;
2. Correct statutory references ;
3. Correct Spanish translations and separate Spanish from English;
4. Correct a title; and
5. Correct technical and typographical errors.

The text of the proposed amended rule of court is attached at page 4. The proposed revised forms are attached at pages 5–67.

Rationale for Recommendation

Rule 870.2 Claiming attorney fees. Because rule 26 was revised and reorganized effective January 1, 2003, the references to rule 26(d) in rule 870.2(b)(2) and (c)(1) are incorrect. Therefore, rule 870.2 would be amended to correctly refer to rule 27(d).

Form 982(a)(15.5), CR-200, FI-100, FI-120, FI-128, FI-129, FI-130, and FL-145. Effective July 1, 2005, the Civil Discovery Act (Code Civ. Proc., §§ 2016—2036) underwent a nonsubstantive reform in which many of the existing provisions were renumbered. This group of forms would be revised to cite the correct sections of the Code of Civil Procedure. In addition, minor formatting changes would be made to conform the forms to current standards for Judicial Council forms.

Form DV-100, *Request for Order*. This form was previously modified to allow requests for spousal support and to instruct that either form FL-150 or form FL-155 must be completed and filed before the hearing. However, FL-155 cannot be used for spousal support and was inadvertently included under item 10. DV-100 would be revised by removing the incorrect reference from item 10.

Form DV-120, *Answer to Temporary Restraining Order (Domestic Violence Prevention)*. This form was previously modified to include spousal support and to require that, if such support was requested, either form FL-150 or form FL-155 be completed, served, and filed before the hearing. Form FL-155 cannot be used for spousal support and was included in item 9 inadvertently. Form DV-120 would be revised by removing the incorrect reference from item 9.

Form DV-160, *Child Support Order (Order of Protection)*. The form would be revised to correct a reference to form DV-130. Effective July 1, 2005, item 4 in form DV-130 was split into new items 4 and 5, necessitating the renumbering of items. Form DV-160 would be revised to correctly state that it should be attached to form DV-130, item 10.

Form FL-110, *Summons (Family Law)*. The form would be modified to reflect a correction in the Spanish translation of *respondent* and *petitioner*. The term in the current version for petitioner is *solicitante*, but that term is inconsistent with other translations of forms that use the term *demandante*. The term *respondent* would be changed to *demandado*.

Form FL-192 and FL-192S, *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)*. The forms would be revised to follow the regular translation protocol of having an English version as the regular form and having a separate Spanish version, which would be new form FL-192S. Form FL-192 is a required attachment for all judgments and orders regarding child support.

Form JV-828, *Notice of Action (Rule 38.1)*. The form would be revised by replacing references to former rule 39.1B of the California Rules of Court, with references to the updated and renumbered rule of court, rule 38.1, concerning writs and to correct a typographical error.

Form MC-030, *Declaration*. The form would be revised by replacing the phrase “Petitioner/Respondent” with “Defendant/Respondent” in the caption box.

Form MC-050, *Substitution of Attorney—Civil(Without Court Order)*. The form would be revised to correct several typographical errors.

Form SC-130, *Notice of Entry of Judgment (Small Claims)*. The form would be revised to correctly refer to form EJ-001. Current form SC-130 incorrectly refers to form 982(a)(1).

Alternative Actions Considered

No alternatives exist other than continuing to use incorrect or incomplete rules and forms.

Comments From Interested Parties

These proposals were not circulated for comment because they are technical and noncontroversial.

Implementation Requirements and Costs

Courts will incur some costs in printing the revised forms.

Attachments

Rule 870.2 of the California Rules of Court would be amended, effective January 1, 2006 to read:

1 **Rule 870.2. Claiming attorney fees**

2
3 (a) ***

4
5 (b) [Attorney fees before trial court judgment]

6
7 (1) A notice of motion to claim attorney fees for services up to and including
8 the rendition of judgment in the trial court—including attorney fees on an
9 appeal before the rendition of judgment in the trial court—shall be served
10 and filed within the time for filing a notice of appeal under rules 2 and 3.

11
12 (2) The parties may, by stipulation filed before the expiration of the time
13 allowed under subdivision (b)(1), extend the time for filing a motion for
14 attorney fees (i) until 60 days after the expiration of the time for filing a
15 notice of appeal; or (ii) if a notice of appeal is filed, until the time within
16 which a memorandum of costs must be served and filed under rule ~~26(d)~~
17 27(d).

18
19 (c) [Attorney fees on appeal]

20
21 (1) A notice of motion to claim attorney fees on appeal—other than the
22 attorney fees on appeal claimed under subdivision (b)—under a statute or
23 contract requiring the court to determine entitlement to the fees, the
24 amount of the fees, or both, shall be served and filed within the time for
25 serving and filing the memorandum of costs under rule ~~26(d)~~ 27(d).

26
27 (2) The parties may by stipulation filed before the expiration of the time
28 allowed under subdivision (c)(1) extend the time for filing the motion up
29 to an additional 60 days.

30
31 (d)-(e) ***

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <h2 style="margin: 0;">Draft 2</h2> <h2 style="margin: 0;">08 12 05</h2> <h3 style="margin: 0;">Not Approved by the Judicial Council</h3>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	CASE NUMBER:
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name):

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):**
 SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date):
 The records are described in the subpoena directed to **witness** (specify name and address of person or entity from whom records are sought):
 A copy of the subpoena is attached.
2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
 - a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF REQUESTING PARTY ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

1. I object to the production of all of my records specified in the subpoena.
2. I object only to the production of the following specified records:

3. The specific grounds for my objection areas follows:

Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE)

(Proof of service on reverse)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served:	(3) Date of mailing:
(2) Address:	(4) Place of mailing (<i>city and state</i>):
- (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (*specify*):
- d. My phone number is (*specify*):

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

Date:

_____ (TYPE OR PRINT NAME OF PERSON WHO SERVED)	▶	_____ (SIGNATURE OF PERSON WHO SERVED)
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PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (*specify*):
4. My phone number is (*specify*):

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

Date:

_____ (TYPE OR PRINT NAME OF PERSON WHO SERVED)	▶	_____ (SIGNATURE OF PERSON WHO SERVED)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): ATTORNEY FOR (<i>Name</i>):	TELEPHONE NO.: FAX NO. (<i>Optional</i>): E-MAIL ADDRESS (<i>Optional</i>):	DRAFT 2 08 16 05 Not Approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
SHORT TITLE OF CASE:		
FORM INTERROGATORIES—CRIME VICTIM RESTITUTION Asking Party: Answering Party: Set No.:		CASE NUMBER:

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared by a party to the action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use by victims in criminal cases to assist them in recovering unpaid restitution.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure section 2030.
- (c) These form interrogatories do not change existing law relating to interrogatories, nor do they affect an answering party's right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by crime victims to assist them in recovering unpaid restitution as provided in Code of Civil Procedure section 2033.720.
- (b) Check the box next to each interrogatory that you want the answering party to answer. Take care to choose those interrogatories that are applicable to the case.
- (c) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

- (a) You must answer or provide an appropriate response to each interrogatory checked by the asking party.
- (b) As a judgment debtor you must disclose assets up to an amount clearly sufficient to satisfy the judgment.
- (c) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared in court. See Code of Civil Procedure sections 2030.260-2030.270 for details.
- (d) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (e) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good-faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(f) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(g) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you need only provide them in the first interrogatory asking for that information.

(h) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.

(i) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

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

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

- (a) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.
- (b) **ADDRESS** means the street address, including city, state, and zip code.
- (c) **ASSET** or **PROPERTY** includes any interest in real estate or personal property. It includes any interest in a pension, profit-sharing, or retirement plan.
- (d) **SUPPORT** means any benefit or economic contribution to the living expenses of another person, including gifts.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.720:

CONTENTS

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information—Individual
- 3.0 Current Income
- 4.0 Employment Information
- 5.0 Employment History
- 6.0 Support Received From Others
- 7.0 General Background Information—Business
- 8.0 Bank Accounts and Cash
- 9.0 Property
- 10.0 Other Assets
- 11.0 Other Income
- 12.0 Liabilities and Debts

1.0 Identity of Persons Answering These Interrogatories

- 1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the response to these interrogatories. *(Do not identify anyone who simply typed or simply reproduced the responses.)*

2.0 General Background Information—Individual

- 2.1 State:
- (a) your full name;
 - (b) every name you have used in the past;
 - (c) the dates you used each name.
- 2.2 State the date and place of your birth.
- 2.3 State:
- (a) your present residence **ADDRESS** and telephone number;
 - (b) whether you live in a private home, apartment, or other type of residence;
 - (c) if you live in a private home, who owns it;
 - (d) if you live in an apartment, the name and **ADDRESS** of your landlord, the monthly rent, and the name of the **PERSON** who pays the rent;
 - (e) your residence **ADDRESSES** for the past five years;
 - (f) the dates you lived at each **ADDRESS**.
- 2.4 State:
- (a) the name, **ADDRESS**, and telephone number of each school or other academic or vocational institution you have attended, beginning with high school;
 - (b) the dates you attended;
 - (c) the highest grade level you have completed;
 - (d) the degrees you received;
 - (e) the dates the degrees were received.
- 2.5 Do you have a driver's license or identification card? If so, state:
- (a) the state or other issuing entity;
 - (b) the license or identification card number, type of license, and expiration date.
- 2.6 State any and all social security numbers that you have.
- 2.7 Are you married? If so, state:
- (a) your spouse's full name;
 - (b) any maiden name;
 - (c) the date of your marriage;
 - (d) your spouse's current **ADDRESS**.

- 2.8 Have you ever filed for bankruptcy? If so, state:
- (a) the disposition;
 - (b) the court;
 - (c) the year.
- 2.9 Have you filed income tax returns during the last three years? If so, state:
- (a) the dates filed;
 - (b) a date and place where the records can be inspected;
 - (c) whether you are attaching the income tax records to your answers to these interrogatories.

3.0 Current Income

- 3.1 List all income you received during the past 12 months, its source, the basis for its computation, and the total amount received from each source.

4.0 Employment Information

- 4.1 State:
- (a) the name, **ADDRESS**, and telephone number of your present employer;
 - (b) your current title, the nature of your work, and dates of employment;
 - (c) whether you work part-time or full-time;
 - (d) the frequency of payment (weekly, biweekly, or monthly);
 - (e) gross pay;
 - (f) net pay;
 - (g) whether you receive additional compensation for overtime pay;
 - (h) the average amount of overtime you work per week;
 - (i) the form of payment of salary (*check, cash, or other; if other, please explain*);
 - (j) the name and **ADDRESS** of each bookkeeper, payroll clerk, or other person having records of salaries or other sums of money paid to you by your present employer.
- 4.2 Are you self-employed or an independent contractor? If so, state:
- (a) the address and telephone numbers of the persons or businesses for whom you have performed work or services during the last 12 months;
 - (b) the nature of the work or services performed and the dates they were provided;
 - (c) whether you billed each service or the work performed at a flat rate, an hourly rate, or a job rate, and the amount of payment you received;
 - (d) the name and **ADDRESS** of each bookkeeper, payroll clerk, or other person having records of salaries or other sums of money paid to you during the last three years for your work.

5.0 Employment History

- 5.1 State the employer's name and **ADDRESS**, dates of employment, job title, and nature of the work for each job you have had in the last five years. If you were self-employed in the last five years, state your business **ADDRESS**, dates of self-employment, title, and nature of the work.

6.0 Support Received From Others

- 6.1 Have you received any financial **SUPPORT** in the last three years? If so, state:
- (a) the name, age, **ADDRESS**, and relationship to you of each **PERSON** from whom you have received **SUPPORT**;
 - (b) the dates you received the **SUPPORT** and the amount you received.

7.0 General Background Information—Business

- 7.1 Are you in any partnerships? If so, state for each:
- (a) the current partnership name;
 - (b) all other names used by the partnership in the last five years and the dates each was used;
 - (c) whether you are a limited partnership and, if so, in what jurisdiction it operates;
 - (d) the name and **ADDRESS** of each general partner;
 - (e) the **ADDRESS** of the principal place of business.
- 7.2 Have you done any business under a fictitious name during the last five years? If so, state:
- (a) the current and any former fictitious business names;
 - (b) the dates each was used;
 - (c) the **ADDRESS** of the principal place of business.

8.0 Bank Accounts and Cash

- 8.1 Do you have, in your own name or jointly with another **PERSON**, any bank accounts, commercial savings accounts, credit union accounts, or safe deposit boxes? If so, state for each:
- (a) the institution's name and **ADDRESS** where the account or the safe deposit box is located;
 - (b) the amount of the balance of any account and the contents of any safe deposit box;
 - (c) the source of the money in any account or safe deposit box;
 - (d) the date you last made a deposit;
 - (e) the type and the amount of your last deposit;
 - (f) the amount of cash that you currently possess.
- 8.2 Does your spouse have, in his or her own name or jointly with another **PERSON**, any bank accounts, commercial savings accounts, credit union accounts, or safe deposit boxes? If so, state for each:
- (a) the institution's name and **ADDRESS** where the account or the safe deposit box is located;
 - (b) the source of the money in your spouse's bank account or safe deposit box.

9.0 Property

- 9.1 Do you or your spouse own or have any interest in **PROPERTY** in California or elsewhere? If so, state:
- (a) the **ADDRESS** of any real estate, land, buildings, apartments, or condominiums in which you hold an interest;
 - (b) the date acquired and the current value of any real estate, land, buildings, apartments, or condominiums in which you hold an interest.
- 9.2 Do you or your spouse own or have any interest in stocks, bonds, or other securities or IRA, Keogh, or deferred compensation accounts? If so, state the source, value, and location of each.

- 9.3 Are you or your spouse entitled to any money from any federal, state, city, county, or governmental department or agency? If so, state the agency, the date you received or will receive the money, and the amount.
- 9.4 Have you or your spouse inherited any money or property in the last two years? If so, state the nature and value of the money or property and the date you received it.
- 9.5 Do you or your spouse have vehicles? If so, state for each:
- (a) the model, make, year, and owner's name;
 - (b) whether you own it;
 - (c) if it is encumbered, state to whom and to the amount.
- 9.6 Do you have any pending civil actions? If so, state for each:
- (a) the parties' names, the court, and the case number;
 - (b) the nature of the claim.
- 9.7 During the last three years have you received any judgments or insurance settlements? If so, state for each:
- (a) the source or the judgment or insurance settlement;
 - (b) the amount of the judgment or insurance settlement.
- 9.8 Have you or your spouse applied for loans from any banks, credit unions, financial companies, or other lending institutions in the last three years? If so, state for each:
- (a) if the loan was approved;
 - (b) the amount of the loan;
 - (c) what you or your spouse did with the proceeds.
- 9.9 Do you own any of the following items? If so, describe each item, the item's location, its approximate value, and any joint owner:
- (a) office equipment;
 - (b) farm equipment;
 - (c) gemstones or jewelry;
 - (d) camera or video equipment;
 - (e) antiques;
 - (f) precious metals (gold or silver);
 - (g) musical instruments;
 - (h) weapons;
 - (i) motorcycles;
 - (j) motor homes;
 - (k) boats;
 - (l) airplanes;
 - (m) furs;
 - (n) watches;
 - (o) stamp or coin collections;
 - (p) china;
 - (q) original works of art;
 - (r) crystal.

10.0 Other Assets

- 10.1 Does any **PERSON**, company, or institution owe you money? If so, state for each:
- (a) the name, **ADDRESS**, and telephone number of the person or institution;
 - (b) the amount of the debt;
 - (c) the basis of the debt;
 - (d) the date the debt is due to be paid.

- 10.2 Do you have any pending court proceedings in a California court where you have posted cash bail to guarantee your appearance? If so, state:
- (a) the name of the court and date of posting;
 - (b) the amount of cash bail posted;
 - (c) the date to appear.
- 10.3 Are you the beneficiary of any trusts, or do you have any ownership interest in any partnerships, corporations, or companies? If so, state:
- (a) the name and **ADDRESS** of each trustee, partnership, corporation, or company;
 - (b) the date each entity or trust was established;
 - (c) the **ASSETS** of each trust or entity.

11.0 Other Income

- 11.1 During the last three years have you received cash or other property not identified in the above interrogatories? If so, state:
- (a) the nature and value of the cash or property;
 - (b) the source of the cash or property;
 - (c) the current location of the cash or property.

12.0 Liabilities and Debts

- 12.1 Are there any other judgments of record against you? If so, state for each:
- (a) the date entered;
 - (b) the location of the court and the names of the parties;
 - (c) the case number;
 - (d) the amount of the judgment;
 - (e) whether you have made any payments;
 - (f) the amount and source of the payments;
 - (g) the amount still due.
- 12.2 What are your average monthly expenses, and how are they met?
- 12.3 Are there any liens, levies, or garnishments against your assets or wages? If so, please explain each in detail.
- 12.4 Have you paid any fines or fees in the criminal case in which the asking party is the victim?

Clerk stamps date here when form is filed.

**Draft 1
06/10/05 mc**

**Not Approved by the
Judicial Council**

Fill in court name and street address:

Superior Court of California, County of

Clerk fills in case number when form is filed.

Case Number:

1 Your name (person asking for protection):

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone number (*optional*): _____

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

2 Name of person you want protection from:

Description of that person: Sex: M F Height: _____

Weight: _____ Race: _____ Hair Color: _____

Eye Color: _____ Age: _____ Date of Birth: _____

3 Besides you, who needs protection? (*Family or household members*):

Full Name	Age	Lives with you?	How are they related to you?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 3—Protected People" by your statement. NOTE: In any item that asks for Form MC-020, you can use an 8 1/2 x 11 inch sheet of paper instead.

4 What is your relationship to the person in **2**? (*Check all that apply*):

- a. We are now married or registered domestic partners.
- b. We used to be married or registered domestic partners.
- c. We live together.
- d. We used to live together.
- e. We are relatives, in-laws, or related by adoption (*specify relationship*): _____
- f. We are dating or used to date.
- g. We are engaged to be married or were engaged to be married.
- h. We are the parents together of a child or children under 18:
 Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____
- i. We have signed a Voluntary Declaration of Paternity for our child or children. (*Attach a copy if you have one.*)

Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 4h" by your statement.

This is not a Court Order.



Your name: _____

5 Other Court Cases

a. Have you and the person in ② been involved in another court case? No Yes

If yes, where? County: _____ State: _____

What are the case numbers? (If you know): _____

What kind of case? (Check all that apply):

Registered Domestic Partnership Divorce/Dissolution Parentage/Paternity Legal Separation

Domestic Violence Criminal Juvenile Child Support Nullity Civil Harassment

Other (specify): _____

b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

No Yes *If yes, attach a copy if you have one.*

What orders do you want? Check the boxes that apply to your case.

6 Personal Conduct Orders

I ask the court to order the person in ② not to do the following things to me or any of the people listed in ③:

a. Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements

b. Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail

7 Stay-Away Order

I ask the court to order the person in ② to stay at least _____ yards away from: (Check all that apply):

a. Me

e. The children's school or child care

b. The people listed in ③

f. My vehicle

c. My home

g. Other (specify): _____

d. My job or workplace _____

If the person listed in ② is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, or place of worship? Yes No (If no, explain): _____

8 Move-Out Order

I ask the court to order the person in ② to move out from and not return to (address): _____

I have the right to live at the above address because (explain): _____

9 Child Custody, Visitation, and Child Support

I ask the court to order child custody, visitation, and/or child support. *You must fill out and attach Form DV-105.*

10 Spousal Support

You must fill out and file form FL-150 before your hearing. You can make this request only if you are married to, or are a registered domestic partner of, the person in ② and no spousal support order exists.

This is not a Court Order.



Your name: _____

What orders do you want? Check the boxes that apply to your case.

11 Record Unlawful Communications

I ask for the right to record communications made to me by the person in ② that violate the judge's orders.

12 Property Control

I ask the court to give *only* me temporary use, possession, and control of the property listed here:

13 Debt Payment

I ask the court to order the person in ② to make these payments while the order is in effect:

Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 13—Debt Payment" by your statement.

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

14 Property Restraint

I am married to or have a registered domestic partnership with the person in ②. I ask the judge to order that the person in ② not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in ② to notify me of any new or big expenses and to explain them to the court.

15 Attorney Fees and Costs

I ask that the person in ② pay some or all of my attorney fees and costs.
You must complete and file Form FL-150, Income and Expense Declaration.

16 Payments for Costs and Services

I ask that the person in ② pay the following:

You can ask for lost earnings or your costs for services caused directly by the person in ② (damaged property, medical care, counseling, temporary housing, etc.). You must bring proof of these expenses to your hearing.

Pay to: _____ For: _____ Amount: \$ _____

Pay to: _____ For: _____ Amount: \$ _____

Pay to: _____ For: _____ Amount: \$ _____

17 Batterer Intervention Program

I ask the court to order the person listed in ② to go to a 52-week batterer intervention program and show proof of completion to the court.

18 No Fee to Serve (Notify) Restrained Person

If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk if you need to file more forms. You may need Form CH-101/DV-290 and Form 982(a)(17).

This is not a Court Order.
Request for Order
(Domestic Violence Prevention)



Your name: _____

What orders do you want? Check the boxes that apply to your case.

19 More Time for Notice

I need extra time to notify the person in (2) about these papers. Because of the facts explained on this form, I want the papers served up to _____ days before the date of the hearing. *For help, read DV-210.*

If necessary, add additional facts: _____

20 Other Orders

What other orders are you asking for? _____

Check here if you need more space. Attach MC-020 and write "DV-100, Item 20—Other Orders" by your statement.

21 Turn in guns or other firearms.

If the judge approves the order, the person in (2) will be required to sell to a gun dealer or turn in to police any guns or firearms that he or she has or controls. Describe any use or threatened use of firearms in (22).

22 Describe the most recent abuse.

a. Date of most recent abuse: _____

b. Who was there? _____

c. What did the person in (2) do or say that made you afraid?

d. Describe any use or threatened use of guns or other weapons: _____

e. Describe any injuries: _____

f. Did the police come? No Yes

If yes, did they give you an Emergency Protective Order? Yes No I don't know

Attach a copy if you have one.

Check here if you need more space. Use Form MC-020 and write "DV-100, Item 22—Recent Abuse" by your statement.

Check here if the person in (2) has abused you (or your children) other times. Use Form DV-101 or Form MC-020 to describe any previous abuse.

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

Date: _____

Type or print your name



Sign your name

This is not a Court Order.

Clerk stamps date here when form is filed.

DRAFT 1
06/10/05 mc

Not Approved by the
Judicial Council

Fill in court name and street address:

Superior Court of California, County of

Clerk fills in case number:

Case Number:

- 1 Name of person who asked for the order (protected person):
2 Your name:
Your address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):
City: State: Zip:
Your telephone (optional):
Your lawyer (if you have one): (Name, address, telephone number, and State Bar number):

Give the judge your answers to DV-100:

- 3 Personal Conduct Orders
I do do not agree to the order requested.
4 Stay-Away Order
I do do not agree to the order requested.
5 Move-Out Order
I do do not agree to the order requested.
6 Child Custody
a. I do do not agree to the custody order requested.
b. I am not the parent of the child listed in DV-105.
c. I ask for the following custody order (specify):
d. I do do not agree to the orders requested to prevent child abduction.

- 7 Visitation
a. I do do not agree to the visitation order requested.
b. I ask for the following visitation order (specify):

- 8 Child Support
a. I do do not agree to the order requested.
b. I agree to pay guideline child support.
You must fill out, serve, and file Form FL-150 or FL-155.

- 9 Spousal Support
I do do not agree to the order requested.
Whether or not you agree, you must fill out, serve, and file Form FL-150.

The judge can consider your Answer at the hearing. Write your hearing date and time here:
Hearing Date -> Date: Time:
Dept.: Room:
You must obey the orders until the hearing. If you do not come to this hearing, the judge can make the orders last for 3 years or longer.

Your name: _____

- 10** **Property Control**
 I do do not agree to the order requested.
If you have other requests, list them in 19 below.
- 11** **Debt Payment**
 I do do not agree to the order requested.
If you have other requests, list them in 19 below.
- 12** **Property Restraint**
 I do do not agree to the order requested.
If you have other requests, list them in 19 below.
- 13** **Attorney Fees and Costs**
 I do do not agree to the order requested.
- 14** **Payments for Costs and Services**
 I do do not agree to the order requested.
- 15** **Batterer Intervention Program**
 I do do not agree to the order requested.
- 16** **Other Orders** (see item 20 on Form DV-100)
 I do do not agree to the orders requested.
- 17** **Turn in guns or other firearms.**
 a. I do not own or have any guns or firearms.
 b. I have have not turned in my guns and firearms to the police or a licensed gun dealer.
 c. A copy of the receipt is attached. has already been filed with the court.
You must file a receipt with the court within 72 hours after receiving Form DV-110.
- 18** **I ask the court to order payment of my**
 a. Attorney fees
 b. Out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:
 Item: _____ Amount: \$ _____ Item: _____ Amount: \$ _____
You must fill out, serve, and file Form FL-150.
- 19** **My Answer to the Statements in DV-100 and Other Requests**
Please attach your statement. Write "DV-120, Item 19—More Information" at the top. Be specific.
- 20** I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

 Type or print your name

▶

 Sign your name

DV-160

**Child Support Order
(Order of Protection)**

Case Number: _____

This form is attached to DV-130, Item 10.

① Protected person's name: _____ Mother Father _____

② Restrained person's name: _____ Mother Father _____

The court used the information below to calculate child support.

③ A printout of a computer calculation is attached. (Skip to ⑦ if the printout is attached, and do not complete ④ or ⑥.)

④ **Monthly income**

	Gross income	Net income	Capable of earning	TANF/CalWORKS
Person listed in ①	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person listed in ②	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

⑤ **Children of parents listed in ① and ②:**

a. Number of children covered by this order: _____

b. Those children spend _____ % of time with person in ① and _____ % with person in ②

⑥ **Hardships** considered by the court:

Person in ① Person in ② Explain or attach explanation

- a. Support for other minor children in the home \$ _____ \$ _____ _____
- b. Extraordinary medical expenses \$ _____ \$ _____ _____
- c. Catastrophic losses \$ _____ \$ _____ _____
- d. Other (specify): _____

⑦ The **total guideline calculation** for all children (not including additional support) is \$ _____

⑧ A **Non-Guideline Order** is appropriate instead of the guideline calculation in ⑦. This order is different from the statewide child support guideline set forth in Family Code section 4055.

⑨ **Other findings:** _____

The Court Orders:

⑩ **Low-Income Adjustment**

a. The low-income adjustment applies.

b. The low-income adjustment does not apply because (specify reasons): _____

This is a Court Order.



Your name: _____

11 A **Non-Guideline Order** of \$ _____ per month is ordered instead of the guideline calculation in **7**. This order does not meet the child support guideline set forth in Family Code section 4055. **Form FL-342(A) (Non-Guideline Child Support Findings Attachment)** is attached.

12 **Basic child support**

a. Person in **1** Person in **2** will pay child support for:

Child's name	Date of birth	Monthly amount	Payable to:
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

b. Additional children are listed on a separate page.

c. Starting (date): _____ support must be paid to:

- person in **1** person in **2** local child support agency Other: _____
- By the 1st of each month
- 50% on the 1st and 50% on the 15th of each month
- By earnings assignment order (order to withhold income)
- Other (specify): _____

13 **Additional child support**

(Write the specific amount. If the specific amount is not available, enter a percentage. The local child support agency can collect only fixed dollar amounts, not percentages.)

a. **Costs**

Person listed in **1** Person listed in **2** Other arrangements:

<input type="checkbox"/> Child-care expenses	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Children's uninsured health-care expenses	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Children's educational/other special needs	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Travel expenses for visitation	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Other (specify): _____	\$ _____ or _____ %	\$ _____ or _____ %	_____

b. Starting (date): _____ these support payments must be paid to:

- person in **1** person in **2** local child support agency Other: _____
- By the 1st of each month
- 50% on the 1st and 50% on the 15th of each month
- By earnings assignment order (order to withhold income)
- Other (specify): _____

All payments to the local child support agency must be made to:

This is a Court Order.



Your name: _____

- 14** **Total Child Support Order**
- a. Total basic child support is \$ _____/month.
- b. Total additional child support is \$ _____/month (and/or the percentages listed in **13**).
- c. **Total Child Support Order** (basic and additional child support) is \$ _____/month, payable as listed in **12** and **13**.

Notice:

If you are late in paying child support, interest on overdue amounts will add up at the legal rate, which is currently 10% per year.

This support order will continue until:

- There is a different court order *or*
- The child marries, dies, turns 19, or is emancipated *or*
- The child turns 18 and is not a full-time high school student.

- 15** **Health-care expenses**
- a. Person in **1** Person in **2** will provide and keep health insurance for the children if it is available at no or reasonable cost through work or a group plan, including group plans available through self-employment. Both parents will cooperate to complete health-care claims as stated on **page 5** (Notice of Rights and Responsibilities: Health-Care Costs and Reimbursement Procedures). Parents may have peaceful written contact with each other in order to complete insurance claims.
- b. No health insurance is available to person in **1** person in **2** at a reasonable cost now.
- c. The parent with insurance will give the right of reimbursement to the other parent.
- d. Other (*specify*): _____

- 16** **Earnings Assignment Order (Order to Withhold Income)**
- a. A form **FL-195/OMB No. 0970-0154, Order/Notice to Withhold Income for Child Support**, will be issued.
Note: The parent paying child support must pay support to the other parent until support payments are deducted from the paying parent's wages, and must pay any support owed that is not covered by the earnings assignment.
- b. If the parent paying support is more than _____ days late in making a payment, the earnings assignment order will be served.
- c. There will be a **Qualified Medical Child Support Order** payable to:
 person in **1** person in **2**

- 17** **Employment Search Order**
- Person in **1** Person in **2** is ordered to seek employment as stated in the attachment as follows:
- _____
- _____

- 18** **Other orders**
- _____
- _____
- _____

This is a Court Order.



Case Number:

Your name: _____

- 19 These **required attachments** are attached and are a part of this order:
Notice of Rights and Responsibilities: Health-Care Costs and Reimbursement Procedures (pages 5 and 6)
Information Sheet on Changing a Child Support Order (pages 7 and 8)

20 **Notice Regarding Child Support Case Registry**

If there is a case open in the local child support agency, the parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

If there is no open case in the local child support agency, both parties must complete and file with the court form FL-191, *Child Support Case Registry Form*, within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

This is a Court Order.



If you have a child support order that includes a provision for the reimbursement of a portion of the child's or children's health-care costs and those costs are not paid by insurance, the law says:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you have paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment either (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion. If you claim that the other party has failed to

reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. Burden to prove. The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. Cost of additional coverage. If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health-care providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times, consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health-care provider if that provider had been used will be the sole responsibility of the party incurring those costs.

Si usted tiene una orden de manutención de menores que disponga la devolución de costos incurridos por servicios de salud para menores y costos no cubiertos por el seguro médico, la ley dice lo siguiente:

1. Aviso. Se debe dar al otro padre una factura detallada relacionando los costos cobrados por servicios de salud que no estén cubiertos por seguro médico. Esta factura se le debe dar al otro padre con antelación razonable y no más tarde de 30 días después de haber recibido dichos cobros de pago.

2. Comprobante de pago total. Si usted ya pagó todos los costos de salud correspondientes a individuos no asegurados, deberá: (1) proporcionar al otro padre el comprobante de haber pagado y (2) pedirle al otro padre que le pague la porción de los costos que al otro padre le corresponda, según la orden del tribunal.

3. Comprobante de pago parcial. Si sólo pagó su porción de los costos no cubiertos por el seguro, debe: (1) darle al otro padre un comprobante indicando que ya pagó dicha porción, (2) pedir al otro padre que pague directamente al proveedor de servicios médicos la parte de los costos que al otro padre le corresponda y (3) darle al otro padre la información necesaria para que pague la factura.

4. Pago que le corresponde al padre notificado. Si usted recibe notificación del otro padre indicando costos incurridos por servicios de salud para individuos sin seguro, deberá pagar la porción que le corresponde a usted dentro del plazo ordenado por el tribunal, o si el tribunal no especifica un plazo, usted deberá pagar dichos costos, ya sea, (1) a más tardar en 30 días, desde la fecha en que recibió la notificación sobre los costos por pagar, (2) según un horario acordado por escrito entre usted y el otro padre o (4) según el horario adoptado por el tribunal.

5. Cuando se disputan los costos. Si usted disputa un costo, puede presentar al tribunal una moción (o pedimento) para resolver la disputa. Sólo podrá hacer esto, si paga el costo antes de presentar la moción. Si su reclamo consiste en que la otra

parte no le ha pagado a usted por un costo, o que no le ha pagado al proveedor de servicios de salud después de la notificación apropiada, usted puede presentar una moción ante el tribunal para resolver la disputa. El tribunal asumirá que si los costos ya se han pagado, dichos costos han sido razonables. Si una persona se comporta de una manera que no sea razonable, el tribunal puede imponerle que pague honorarios de abogado.

6. Cobertura de seguro por orden de tribunal. Si un adre tiene seguro de salud por orden del tribunal, ese seguro se usará todo el tiempo, siempre que esté disponible para cubrir los costos de servicios de salud.

a. Responsabilidad de comprobar. La responsabilidad de comprobar ante el tribunal que la cobertura de servicios de salud es inadecuada para los menores recae sobre la parte que reclama que es inadecuada.

b. Costos de cobertura adicional. Si uno de los padres compra un seguro de salud adicional al que haya sido ordenado por el tribunal, dicho padre deberá pagar todo el costo de la cobertura adicional. Y si uno de los padres usa una manera alterna para cubrir gastos médicos que cueste más que la cobertura dispuesta por el tribunal, dicho padre tendrá que pagar la diferencia.

7. Proveedor preferido para servicios de salud. Si la orden del tribunal especifica un proveedor preferido para servicios de salud, dicho proveedor deberá usarse siempre, según los términos de la póliza del seguro de salud. Si una de las partes decide usar un proveedor que no sea el preferido e incurre costos que podrían haber sido cubiertos por el proveedor preferido si se hubieran utilizado sus servicios, dicha parte asumirá la responsabilidad de cubrir los costos incurridos.

General information. The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a child support order may be modified. The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking the court to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* or FL-683 *Order to Show Cause (Governmental)* and
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking the court to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* or FL-300, *Order to Show Cause* and
- FL-310, *Application for Order and Supporting Declaration* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* or FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms too:

- Form 982(a)(17), *Application for Waiver of Court Fees and Costs*
- Form 982(a)(18), *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* and FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* and
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.



Información general

El tribunal acaba de dar una orden judicial sobre manutención de menores en esta causa. Esta orden permanecerá en efecto, a menos que alguna de las partes de la causa pida que se modifique. Sólo se puede modificar una orden de manutención de menores si se presenta ante el tribunal una moción (o pedimento) sobre modificación de manutención y si se da una copia de dicha moción a las partes interesadas en la causa. Si ambos padres llegan a un común acuerdo sobre una suma y si la agencia local que vigila la manutención de menores también acepta el acuerdo (si dicha agencia participa), se puede llenar y hacer que cada una de las partes firme una *Estipulación para Establecer o Modificar una Orden de Manutención de Menores* (formulario FL-350) o *Orden* hacer que cada una de las partes firme una *Estipulación y Orden (Documento gubernamental)* (formulario FL-625).

¿Cuándo se puede modificar una orden de manutención de menores?

El juez toma varios factores en consideración cuando emite una orden judicial sobre el pago de manutención de menores. Primero, considera, el número de hijos. Luego, determina los ingresos de ambos padres y el porcentaje del tiempo que cada padre asume la custodia física de los hijos. El tribunal estudia el estado tributario (pago de impuestos) de ambas partes y puede tener en cuenta factores de dificultad económica, tales como la existencia de hijos de otra relación. Se puede modificar la orden sobre manutención de menores si ocurre un cambio considerable en los ingresos netos de uno de los padres, un cambio considerable en el tiempo que los menores pasan con cada uno de los padres, o cuando nace un nuevo hijo.

Ejemplos:

Si a usted se le ha ordenado pagar \$500 mensuales de manutención de menores y luego pierde su empleo. Continuará debiendo \$500 mensuales, más el 10% de intereses sobre la suma de manutención debida, a menos que presente una moción pidiendo que se modifique y se reduzca la suma de manutención y que el tribunal ordene dicha reducción.

Si usted está recibiendo \$300 mensuales por manutención de menores provenientes del otro padre y los ingresos de ese padre aumentan considerablemente, usted continuaría recibiendo \$300 mensuales, a menos que usted presente una moción para modificar la orden y que el tribunal ordene el aumento de la suma de manutención de menores.

Si paga manutención de menores basándose en que pasa un 30% de tiempo asumiendo la custodia parcial de sus hijos y después de varios meses, resulta que en efecto pasa el 50% del tiempo a cargo de la custodia física de sus hijos, en dado caso, podrá presentar una moción pidiendo que se reduzca la suma de manutención.

Cómo modificar una orden existente de manutención de hijos menores

Para modificar una orden de manutención de hijos menores usted debe radicar documentos ante el tribunal. Recuerde: Usted tiene la obligación de cumplir la orden judicial existente.

¿Qué formularios necesita?

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso esté abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-680 Aviso de petición (Gubernamental) o FL-683 Orden de motivos justificativos (Gubernamental) y
- FL-684 Solicitud de orden y declaración de respaldo

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso **no** esté abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-301 Aviso de petición o FL-300 Orden de motivos justificativos y
- FL-310 Solicitud para una orden y declaración de respaldo (Derecho de familia -Paternidad uniforme) o
- FL-390 Aviso de petición y petición simplificada de modificación de orden de manutención de hijos menores, de cónyuge o de familia

También deberá llenar uno de los siguientes formularios:

- FL-150 Declaración de ingresos y gastos o FL-155 Declaración sobre finanzas (Simplificada)

¿Qué puedo hacer si no sé qué formulario llenar?

Hable con el asesor legal del tribunal de familia.

Después de llenar los formularios, radíquelos en el tribunal y pida una audiencia ante el tribunal. Escriba la fecha de su audiencia en su formulario. En la secretaría le pedirán que pague la cuota de radicación. Si no tiene los medios para pagar la cuota, llene también los siguientes formularios:

- Formulario 982(a)(17) Solicitud de exención de cuotas y costos judiciales
- Formulario 982(a)(18) Orden de exoneración de cuotas y costos judiciales

Usted tiene que hacer la "entrega legal" de los formularios de modificación al otro padre.

Si la agencia local que vigila la manutención de hijos menores participa en la causa, entregue también a esa agencia los documentos.

Esto significa que una persona de no menos de 18 años (**y que no sea usted mismo**) debe entregar copias de los formularios por lo menos 16 días hábiles del tribunal antes de la audiencia. Se deben añadir 5 días más si la entrega se hace por correo postal dentro de California (véase Código Civil de Procedimientos, sección 1005 para ver otras situaciones). Los **días hábiles del tribunal** son los días cuando el tribunal está funcionando, de lunes a viernes, exceptuando los días feriados. Los **días calendarios** son todos los días de la semana, incluyendo los fines de semana y los días feriados. Para obtener mayor información, visite: www.courtinfo.ca.gov/selfhelp/courtcalendars

La persona que haga entrega de la copia de los documentos deberá entregar copias de los siguientes formularios:

- FL-320 Declaración de respuesta y FL-150 Declaración de ingresos y gastos, o
- FL-155 Declaración de finanzas (Simplificada)

La persona que hace la entrega entonces llena y firma el comprobante de entrega (formularios FL-330 o FL-335). Luego, usted lleva este documento a la secretaría del tribunal para radicarlo.

Vaya a su audiencia ante el tribunal y pídale a juez que modifique la manutención.

Lleve consigo sus formularios más recientes de declaración de impuestos federales de los últimos dos años y sus talones de pago de los últimos dos meses. El juez estudiará la información presentada, escuchará a ambos padres y emitirá una orden. Después de la audiencia usted debe llenar los formularios:

- FL-340 Conclusiones y orden después de la audiencia y
- FL-342 Documento adjunto con información sobre manutención de menores y orden judicial.

¿Necesita ayuda?

Consulte con el Asesor Legal del Tribunal de Familia de su condado o llame al colegio de abogados de su condado y pida un abogado con experiencia en el tribunal de familia.

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 <p style="text-align: center;">DRAFT 2 08 15 05</p> <p style="text-align: center;">Not Approved by the Judicial Council</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
SHORT TITLE:	
<p style="text-align: center;">REQUEST FOR ADMISSIONS</p> <p style="text-align: center;"><input type="checkbox"/> Truth of Facts <input type="checkbox"/> Genuineness of Documents</p> Requesting Party: Responding Party: Set No.:	CASE NUMBER:

You are requested to admit within thirty days after service of this *Request for Admissions* that

1. each of the following facts is true (*number each fact consecutively*):

Continued on Attachment 1

2. the original of each of the following documents, copies of which are attached, is genuine (*number each document consecutively*):

Continued on Attachment 2.

(TYPE OR PRINT NAME)



(SIGNATURE OF PARTY OR ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

DRAFT 2
08 16 05

TELEPHONE NO.:
FAX NO. (Optional):
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

Not Approved by the
Judicial Council

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

SHORT TITLE OF CASE:

FORM INTERROGATORIES—GENERAL

CASE NUMBER:

Asking Party:

Answering Party:
Set No.:

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party’s right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate interrogatories, Form *Interrogatories—Economic Litigation* (form FI-129), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories may also be used in unlimited civil cases.
- (b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.
- (c) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (d) The interrogatories in section 16.0, Defendant’s Contentions—Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff’s injuries and damages.
- (e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

- (a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.

(h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

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

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) (Check one of the following):

- (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

(2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"): _____

(b) YOU OR ANYONE ACTING ON YOUR BEHALF includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) PERSON includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) DOCUMENT means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) HEALTH CARE PROVIDER includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) ADDRESS means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information—Individual
- 3.0 General Background Information—Business Entity
- 4.0 Insurance
- 5.0 [Reserved]
- 6.0 Physical, Mental, or Emotional Injuries
- 7.0 Property Damage
- 8.0 Loss of Income or Earning Capacity
- 9.0 Other Damages
- 10.0 Medical History
- 11.0 Other Claims and Previous Claims
- 12.0 Investigation—General
- 13.0 Investigation—Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Denials and Special or Affirmative Defenses
- 16.0 Defendant's Contentions Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred—Motor Vehicle
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- 60.0 [Reserved]
- 70.0 Unlawful Detainer [See separate form FI-128]
- 101.0 Economic Litigation [See separate form FI-129]
- 200.0 Employment Law [See separate form FI-130]
- Family Law [See separate form 1292.10]

1.0 Identity of Persons Answering These Interrogatories

1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

2.0 General Background Information—individual

- 2.1 State:
 - (a) your name;
 - (b) every name you have used in the past; and
 - (c) the dates you used each name.
- 2.2 State the date and place of your birth.
- 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
 - (a) the state or other issuing entity;
 - (b) the license number and type;
 - (c) the date of issuance; and
 - (d) all restrictions.
- 2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:
 - (a) the state or other issuing entity;
 - (b) the license number and type;
 - (c) the date of issuance; and
 - (d) all restrictions.
- 2.5 State:
 - (a) your present residence **ADDRESS**;
 - (b) your residence **ADDRESSES** for the past five years; and
 - (c) the dates you lived at each **ADDRESS**.
- 2.6 State:
 - (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
 - (b) the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.
- 2.7 State:
 - (a) the name and **ADDRESS** of each school or other academic or vocational institution you have attended, beginning with high school;
 - (b) the dates you attended;
 - (c) the highest grade level you have completed; and
 - (d) the degrees received.
- 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
 - (a) the city and state where you were convicted;
 - (b) the date of conviction;
 - (c) the offense; and
 - (d) the court and case number.
- 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

- 2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:
 - (a) the name, **ADDRESS**, and telephone number of that **PERSON**; and
 - (b) a description of your duties.
- 2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:
 - (a) the name, **ADDRESS**, and telephone number;
 - (b) the nature of the disability or condition; and
 - (c) the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.
- 2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
 - (a) the name, **ADDRESS**, and telephone number;
 - (b) the nature or description of each substance;
 - (c) the quantity of each substance used or taken;
 - (d) the date and time of day when each substance was used or taken;
 - (e) the **ADDRESS** where each substance was used or taken;
 - (f) the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken; and
 - (g) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

3.0 General Background Information—Business Entity

- 3.1 Are you a corporation? If so, state:
 - (a) the name stated in the current articles of incorporation;
 - (b) all other names used by the corporation during the past 10 years and the dates each was used;
 - (c) the date and place of incorporation;
 - (d) the **ADDRESS** of the principal place of business; and
 - (e) whether you are qualified to do business in California.
- 3.2 Are you a partnership? If so, state:
 - (a) the current partnership name;
 - (b) all other names used by the partnership during the past 10 years and the dates each was used;
 - (c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;
 - (d) the name and **ADDRESS** of each general partner; and
 - (e) the **ADDRESS** of the principal place of business.
- 3.3 Are you a limited liability company? If so, state:
 - (a) the name stated in the current articles of organization;
 - (b) all other names used by the company during the past 10 years and the date each was used;
 - (c) the date and place of filing of the articles of organization;
 - (d) the **ADDRESS** of the principal place of business; and
 - (e) whether you are qualified to do business in California.

- 3.4 Are you a joint venture? If so, state:
 - (a) the current joint venture name;
 - (b) all other names used by the joint venture during the past 10 years and the dates each was used;
 - (c) the name and **ADDRESS** of each joint venturer; and
 - (d) the **ADDRESS** of the principal place of business.
- 3.5 Are you an unincorporated association? If so, state:
 - (a) the current unincorporated association name;
 - (b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and
 - (c) the **ADDRESS** of the principal place of business.
- 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
 - (a) the name;
 - (b) the dates each was used;
 - (c) the state and county of each fictitious name filing; and
 - (d) the **ADDRESS** of the principal place of business.
- 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:
 - (a) identify the license or registration;
 - (b) state the name of the public entity; and
 - (c) state the dates of issuance and expiration.

4.0 Insurance

- 4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:
 - (a) the kind of coverage;
 - (b) the name and **ADDRESS** of the insurance company;
 - (c) the name, **ADDRESS**, and telephone number of each named insured;
 - (d) the policy number;
 - (e) the limits of coverage for each type of coverage contained in the policy;
 - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
 - (g) the name, **ADDRESS**, and telephone number of the custodian of the policy.
- 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.

5.0 [Reserved]

6.0 Physical, Mental, or Emotional Injuries

- 6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).
- 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

- 6.3 Do you still have any complaints that you attribute to the **INCIDENT**? If so, for each complaint state:
 - (a) a description;
 - (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
 - (c) the frequency and duration.
- 6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **INCIDENT**? If so, for each **HEALTH CARE PROVIDER** state:
 - (a) the name, **ADDRESS**, and telephone number;
 - (b) the type of consultation, examination, or treatment provided;
 - (c) the dates you received consultation, examination, or treatment; and
 - (d) the charges to date.
- 6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **INCIDENT**? If so, for each medication state:
 - (a) the name;
 - (b) the **PERSON** who prescribed or furnished it;
 - (c) the date it was prescribed or furnished;
 - (d) the dates you began and stopped taking it; and
 - (e) the cost to date.

- 6.6 Are there any other medical services necessitated by the injuries that you attribute to the **INCIDENT** that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:
 - (a) the nature;
 - (b) the date;
 - (c) the cost; and
 - (d) the name, **ADDRESS**, and telephone number of each provider.
- 6.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **INCIDENT**? If so, for each injury state:
 - (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
 - (b) the complaints for which the treatment was advised; and
 - (c) the nature, duration, and estimated cost of the treatment.

7.0 Property Damage

- 7.1 Do you attribute any loss of or damage to a vehicle or other property to the **INCIDENT**? If so, for each item of property:
 - (a) describe the property;
 - (b) describe the nature and location of the damage to the property;

- (c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and
- (d) if the property was sold, state the name, **ADDRESS**, and telephone number of the seller, the date of sale, and the sale price.
- 7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:
 - (a) the name, **ADDRESS**, and telephone number of the **PERSON** who prepared it and the date prepared;
 - (b) the name, **ADDRESS**, and telephone number of each **PERSON** who has a copy of it; and
 - (c) the amount of damage stated.
- 7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:
 - (a) the date repaired;
 - (b) a description of the repair;
 - (c) the repair cost;
 - (d) the name, **ADDRESS**, and telephone number of the **PERSON** who repaired it;
 - (e) the name, **ADDRESS**, and telephone number of the **PERSON** who paid for the repair.

8.0 Loss of Income or Earning Capacity

- 8.1 Do you attribute any loss of income or earning capacity to the **INCIDENT**? (If your answer is “no,” do not answer interrogatories 8.2 through 8.8).
- 8.2 State:
 - (a) the nature of your work;
 - (b) your job title at the time of the **INCIDENT**; and
 - (c) the date your employment began.
- 8.3 State the last date before the **INCIDENT** that you worked for compensation.
- 8.4 State your monthly income at the time of the **INCIDENT** and how the amount was calculated.
- 8.5 State the date you returned to work at each place of employment following the **INCIDENT**.
- 8.6 State the dates you did not work and for which you lost income as a result of the **INCIDENT**.
- 8.7 State the total income you have lost to date as a result of the **INCIDENT** and how the amount was calculated.
- 8.8 Will you lose income in the future as a result of the **INCIDENT**? If so, state:
 - (a) the facts upon which you base this contention;
 - (b) an estimate of the amount;
 - (c) an estimate of how long you will be unable to work; and
 - (d) how the claim for future income is calculated.

9.0 Other Damages

- 9.1 Are there any other damages that you attribute to the **INCIDENT**? If so, for each item of damage state:
 - (a) the nature;
 - (b) the date it occurred;
 - (c) the amount; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** to whom an obligation was incurred.

- 9.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

10.0 Medical History

- 10.1 At any time before the **INCIDENT** did you have complaints or injuries that involved the same part of your body claimed to have been injured in the **INCIDENT**? If so, for each state:
 - (a) a description of the complaint or injury;
 - (b) the dates it began and ended; and
 - (c) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** whom you consulted or who examined or treated you.

- 10.2 List all physical, mental, and emotional disabilities you had immediately before the **INCIDENT**. *(You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the **INCIDENT**.)*

- 10.3 At any time after the **INCIDENT**, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:
 - (a) the date and the place it occurred;
 - (b) the name, **ADDRESS**, and telephone number of any other **PERSON** involved;
 - (c) the nature of any injuries you sustained;
 - (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who you consulted or who examined or treated you; and
 - (e) the nature of the treatment and its duration.

11.0 Other Claims and Previous Claims

- 11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:
 - (a) the date, time, and place and location (closest street **ADDRESS** or intersection) of the **INCIDENT** giving rise to the action, claim, or demand;
 - (b) the name, **ADDRESS**, and telephone number of each **PERSON** against whom the claim or demand was made or the action filed;

- (c) the court, names of the parties, and case number of any action filed;
- (d) the name, **ADDRESS**, and telephone number of any attorney representing you;
- (e) whether the claim or action has been resolved or is pending; and
- (f) a description of the injury.

- 11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:
 - (a) the date, time, and place of the **INCIDENT** giving rise to the claim;
 - (b) the name, **ADDRESS**, and telephone number of your employer at the time of the injury;
 - (c) the name, **ADDRESS**, and telephone number of the workers' compensation insurer and the claim number;
 - (d) the period of time during which you received workers' compensation benefits;
 - (e) a description of the injury;
 - (f) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who provided services; and
 - (g) the case number at the Workers' Compensation Appeals Board.

12.0 Investigation—General

- 12.1 State the name, **ADDRESS**, and telephone number of each individual:
 - (a) who witnessed the **INCIDENT** or the events occurring immediately before or after the **INCIDENT**;
 - (b) who made any statement at the scene of the **INCIDENT**;
 - (c) who heard any statements made about the **INCIDENT** by any individual at the scene; and
 - (d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure section 2034).

- 12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT**? If so, for each individual state:
 - (a) the name, **ADDRESS**, and telephone number of the individual interviewed;
 - (b) the date of the interview; and
 - (c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.

- 12.3 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **INCIDENT**? If so, for each statement state:
 - (a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
 - (b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
 - (c) the date the statement was obtained; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

- 12.4 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any photographs, films, or videotapes depicting any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries? If so, state:
 - (a) the number of photographs or feet of film or videotape;
 - (b) the places, objects, or persons photographed, filmed, or videotaped;
 - (c) the date the photographs, films, or videotapes were taken;
 - (d) the name, **ADDRESS**, and telephone number of the individual taking the photographs, films, or videotapes; and
 - (e) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the photographs, films, or videotapes.

- 12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) concerning the **INCIDENT**? If so, for each item state:
 - (a) the type (i.e., diagram, reproduction, or model);
 - (b) the subject matter; and
 - (c) the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 12.6 Was a report made by any **PERSON** concerning the **INCIDENT**? If so, state:
 - (a) the name, title, identification number, and employer of the **PERSON** who made the report;
 - (b) the date and type of report made;
 - (c) the name, **ADDRESS**, and telephone number of the **PERSON** for whom the report was made; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the report.

- 12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT**? If so, for each inspection state:
 - (a) the name, **ADDRESS**, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310); and
 - (b) the date of the inspection.

13.0 Investigation—Surveillance

- 13.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** conducted surveillance of any individual involved in the **INCIDENT** or any party to this action? If so, for each surveillance state:
 - (a) the name, **ADDRESS**, and telephone number of the individual or party;
 - (b) the time, date, and place of the surveillance;
 - (c) the name, **ADDRESS**, and telephone number of the individual who conducted the surveillance; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of any surveillance photograph, film, or videotape.

- 13.2 Has a written report been prepared on the surveillance? If so, for each written report state:
 - (a) the title;
 - (b) the date;
 - (c) the name, **ADDRESS**, and telephone number of the individual who prepared the report; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

- 14.1 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the **INCIDENT**? If so, identify the name, **ADDRESS**, and telephone number of each **PERSON** and the statute, ordinance, or regulation that was violated.
- 14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this **INCIDENT**? If so, for each **PERSON** state:
 - (a) the name, **ADDRESS**, and telephone number of the **PERSON**;
 - (b) the statute, ordinance, or regulation allegedly violated;
 - (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
 - (d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Denials and Special or Affirmative Defenses

- 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:
 - (a) state all facts upon which you base the denial or special or affirmative defense;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.0 Defendant's Contentions—Personal Injury

- 16.1 Do you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON**:
 - (a) state the name, **ADDRESS**, and telephone number of the **PERSON**;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.2 Do you contend that plaintiff was not injured in the **INCIDENT**? If so:
 - (a) state all facts upon which you base your contention;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:

- (a) identify it;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:

- (a) identify each service;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:

- (a) identify each cost;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:

- (a) identify each part of the loss;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the **INCIDENT**? If so:

- (a) identify each item of property damage;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:

- (a) identify each cost item;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:

- (a) the source of each **DOCUMENT**;
- (b) the date each claim arose;
- (c) the nature of each claim; and
- (d) the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310)? If so, for each plaintiff state:

- (a) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**;
- (b) a description of each **DOCUMENT**; and
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

17.0 Responses to Request for Admissions

17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:

- (a) state the number of the request;
- (b) state all facts upon which you base your response;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
- (d) identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

18.0 [Reserved]

19.0 [Reserved]

20.0 How the Incident Occurred—Motor Vehicle

20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).

20.2 For each vehicle involved in the **INCIDENT**, state:

- (a) the year, make, model, and license number;
- (b) the name, **ADDRESS**, and telephone number of the driver;

- (c) the name, **ADDRESS**, and telephone number of each occupant other than the driver;
- (d) the name, **ADDRESS**, and telephone number of each registered owner;
- (e) the name, **ADDRESS**, and telephone number of each lessee;
- (f) the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.

20.3 State the **ADDRESS** and location where your trip began and the **ADDRESS** and location of your destination.

20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT**, and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT**.

20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT**.

20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.

20.7 Was there a traffic signal facing you at the time of the **INCIDENT**? If so, state:

- (a) your location when you first saw it;
- (b) the color;
- (c) the number of seconds it had been that color; and
- (d) whether the color changed between the time you first saw it and the **INCIDENT**.

20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:

- (a) just before the **INCIDENT**;
- (b) at the time of the **INCIDENT**; and (c) just after the **INCIDENT**.

20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:

- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.

20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the **INCIDENT**? If so:

- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and

- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.

20.11 State the name, **ADDRESS**, and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT**.

25.0 [Reserved]

30.0 [Reserved]

40.0 [Reserved]

50.0 Contract

50.1 For each agreement alleged in the pleadings:

- (a) identify each **DOCUMENT** that is part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
- (c) identify all **DOCUMENTS** that evidence any part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (d) identify all **DOCUMENTS** that are part of any modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (e) state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to the modification, and the date the modification was made;
- (f) identify all **DOCUMENTS** that evidence any modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.

50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.

50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.

50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.

50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.

60.0 [Reserved]

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF: SHORT TITLE:	<p style="text-align: center;">UNLAWFUL DETAINER ASSISTANT (<i>Check one box</i>): An unlawful detainer assistant <input type="checkbox"/> did <input type="checkbox"/> did not for compensation give advice or assistance with this form. (<i>If one did, state the following</i>): ASSISTANT'S NAME: ADDRESS: TEL. NO.: COUNTY OF REGISTRATION: REGISTRATION NO.: EXPIRES (<i>DATE</i>):</p>
<p style="text-align: center;">FORM INTERROGATORIES—UNLAWFUL DETAINER</p> <p>Asking Party: Answering Party: Set No.:</p>	CASE NUMBER: DRAFT 2 08 15 05 Not Approved by the Judicial Council

Sec. 1. Instructions to All Parties

(a) These are general instructions. For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010-2030.410 and the cases construing those sections.

(b) These interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or objection.

Sec. 2. Instructions to the Asking Party

(a) These interrogatories are designed for optional use in unlawful detainer proceedings.

(b) There are restrictions that generally limit the number of interrogatories that may be asked and the form and use of the interrogatories. For details, read Code of Civil Procedure sections 2030.030–2030.070.

(c) In determining whether to use these or any interrogatories, you should be aware that abuse can be punished by sanctions, including fines and attorney fees. See Code of Civil Procedure section 128.7.

(d) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

(a) An answer or other appropriate response must be given to each interrogatory checked by the asking party. Failure to respond to these interrogatories properly can be punished by sanctions, including contempt proceedings, fine, attorneys fees, and the loss of your case. See Code of Civil Procedure sections 128.7 and 2030.300.

(b) As a general rule, within five days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form *at the end of your answers*:

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

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(b) **PLAINTIFF** includes any **PERSON** who seeks recovery of the **RENTAL UNIT** whether acting as an individual or on someone else's behalf and includes all such **PERSONS** if more than one.

(c) **LANDLORD** includes any **PERSON** who offered the **RENTAL UNIT** for rent and any **PERSON** on whose behalf the **RENTAL UNIT** was offered for rent and their successors in interest. **LANDLORD** includes all **PERSONS** who managed the **PROPERTY** while defendant was in possession.

(d) **RENTAL UNIT** is the premises **PLAINTIFF** seeks to recover.

(e) **PROPERTY** is the building or parcel (including common areas) of which the **RENTAL UNIT** is a part. (For example, if **PLAINTIFF** is seeking to recover possession of apartment number 12 of a 20-unit building, the building is the **PROPERTY** and apartment 12 is the **RENTAL UNIT**. If **PLAINTIFF** seeks possession of cottage number 3 in a five-cottage court or complex, the court or complex is the **PROPERTY** and cottage 3 is the **RENTAL UNIT**.)

(f) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(g) **NOTICE TO QUIT** includes the original or copy of any notice mentioned in Code of Civil Procedure section 1161 or Civil Code section 1946, including a 3-day notice to pay rent and quit the **RENTAL UNIT**, a 3-day notice to perform conditions or covenants or quit, a 3-day notice to quit, and a 30-day notice of termination.

(h) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under section 2033.710 of the Code of Civil Procedure for use in unlawful detainer proceedings:

CONTENTS

- 70.0 General
- 71.0 Notice
- 72.0 Service
- 73.0 Malicious Holding Over
- 74.0 Rent Control and Eviction Control
- 75.0 Breach of Warranty to Provide Habitable Premises
- 76.0 Waiver, Change, Withdrawal, or Cancellation of Notice to Quit
- 77.0 Retaliation and Arbitrary Discrimination
- 78.0 Nonperformance of the Rental Agreement by Landlord
- 79.0 Offer of Rent by Defendant
- 80.0 Deduction from Rent for Necessary Repairs
- 81.0 Fair Market Rental Value

70.0 General

[Either party may ask any applicable question in this section.]

70.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

70.2 Is **PLAINTIFF** an owner of the **RENTAL UNIT**? If so, state:
 (a) the nature and percentage of ownership interest;
 (b) the date **PLAINTIFF** first acquired this ownership interest.

70.3 Does **PLAINTIFF** share ownership or lack ownership? If so, state the name, the **ADDRESS**, and the nature and percentage of ownership interest of each owner.

70.4 Does **PLAINTIFF** claim the right to possession other than as an owner of the **RENTAL UNIT**? If so, state the basis of the claim.

70.5 Has **PLAINTIFF'S** interest in the **RENTAL UNIT** changed since acquisition? If so, state the nature and dates of each change.

70.6 Are there other rental units on the **PROPERTY**? If so, state how many.

70.7 During the 12 months before this proceeding was filed, did **PLAINTIFF** possess a permit or certificate of occupancy for the **RENTAL UNIT**? If so, for each state:
 (a) the name and **ADDRESS** of each **PERSON** named on the permit or certificate;
 (b) the dates of issuance and expiration;
 (c) the permit or certificate number

70.8 Has a last month's rent, security deposit, cleaning fee, rental agency fee, credit check fee, key deposit, or any other deposit been paid on the **RENTAL UNIT**? If so, for each item state:
 (a) the purpose of the payment;
 (b) the date paid;
 (c) the amount;
 (d) the form of payment;
 (e) the name of the **PERSON** paying;
 (f) the name of the **PERSON** to whom it was paid;
 (g) any **DOCUMENT** which evidences payment and the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 (h) any adjustments or deductions including facts.

70.9 State the date defendant first took possession of the **RENTAL UNIT**.

70.10 State the date and all the terms of any rental agreement between defendant and the **PERSON** who rented to defendant.

70.1 For each agreement alleged in the pleadings:
 (a) identify all **DOCUMENTS** that are part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
 (c) identify all **DOCUMENTS** that evidence each part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
 (d) identify all **DOCUMENTS** that are part of each modification to the agreement, and for each state

the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT** (see also §71.5);

- (e) state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of the **PERSON** agreeing to the modification, and the date the modification was made (see also §71.5).
- (f) identify all **DOCUMENTS** that evidence each modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT** (see also §71.5).

70.12 Has any **PERSON** acting on the **PLAINTIFF'S** behalf been responsible for any aspect of managing or maintaining the **RENTAL UNIT** or **PROPERTY**? If so, for each **PERSON** state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the dates the **PERSON** managed or maintained the **RENTAL UNIT** or **PROPERTY**;
- (c) the **PERSON'S** responsibilities.

70.13 For each **PERSON** who occupies any part of the **RENTAL UNIT** (except occupants named in the complaint and occupants' children under 17) state:

- (a) the name, **ADDRESS**, telephone number, and birthdate;
- (b) the inclusive dates of occupancy;
- (c) a description of the portion of the **RENTAL UNIT** occupied;
- (d) the amount paid, the term for which it was paid, and the person to whom it was paid;
- (e) the nature of the use of the **RENTAL UNIT**;
- (f) the name, **ADDRESS**, and telephone number of the person who authorized occupancy;
- (g) how occupancy was authorized, including failure of the **LANDLORD** or **PLAINTIFF** to protest after discovering the occupancy.

70.14 Have you or anyone acting on your behalf obtained any **DOCUMENT** concerning the tenancy between any occupant of the **RENTAL UNIT** and any **PERSON** with an ownership interest or managerial responsibility for the **RENTAL UNIT**? If so, for each **DOCUMENT** state:

- (a) the name, **ADDRESS**, and telephone number of each individual from whom the **DOCUMENT** was obtained;
- (b) the name, **ADDRESS**, and telephone number of each individual who obtained the **DOCUMENT**;
- (c) the date the **DOCUMENT** was obtained;
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT** (original or copy).

71.0 Notice

[If a defense is based on allegations that the 3-day notice or 30-day NOTICE TO QUIT is defective in form or content, then either party may ask any applicable question in this section.]

71.1 Was the **NOTICE TO QUIT** on which **PLAINTIFF** bases this proceeding attached to the complaint? If not, state the contents of this notice.

71.2 State all reasons that the **NOTICE TO QUIT** was served and for each reason:

- (a) state all facts supporting **PLAINTIFF'S** decision to terminate defendant's tenancy;

- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
- (c) identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

71.3 List all rent payments and rent credits made or claimed by or on behalf of defendant beginning 12 months before the **NOTICE TO QUIT** was served. For each payment or credit state:

- (a) the amount;
- (b) the date received;
- (c) the form in which any payment was made;
- (d) the services performed or other basis for which a credit is claimed;
- (e) the period covered;
- (f) the name of each **PERSON** making the payment or earning the credit;
- (g) the identity of all **DOCUMENTS** evidencing the payment or credit and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

71.4 Did defendant ever fail to pay the rent on time? If so, for each late payment state:

- (a) the date;
- (b) the amount of any late charge;
- (c) the identity of all **DOCUMENTS** recording the payment and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

71.5 Since the beginning of defendant's tenancy, has **PLAINTIFF** ever raised the rent? If so, for each rent increase state:

- (a) the date the increase became effective;
- (b) the amount;
- (c) the reasons for the rent increase;
- (d) how and when defendant was notified of the increase;
- (e) the identity of all **DOCUMENTS** evidencing the increase and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

[See also section 70.11 (d) - (f).]

71.6 During the 12 months before the **NOTICE TO QUIT** was served was there a period during which there was no permit or certificate of occupancy for the **RENTAL UNIT**? If so, for each period state:

- (a) the inclusive dates;
- (b) the reasons.

71.7 Has any **PERSON** ever reported any nuisance or disturbance at or destruction of the **RENTAL UNIT** or **PROPERTY** caused by defendant or other occupant of the **RENTAL UNIT** or their guests? If so, for each report state:

- (a) a description of the disturbance or destruction;
- (b) the date of the report;
- (c) the name of the **PERSON** who reported;
- (d) the name of the **PERSON** to whom the report was made;
- (e) what action was taken as a result of the report;
- (f) the identity of all **DOCUMENTS** evidencing the report and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 71.8 Does the complaint allege violation of a term of a rental agreement or lease (other than nonpayment of rent)? If so, for each covenant:
 - (a) identify the covenant breached;
 - (b) state the facts supporting the allegation of a breach;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (d) identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 71.9 Does the complaint allege that the defendant has been using the **RENTAL UNIT** for an illegal purpose? If so, for each purpose:
 - (a) identify the illegal purpose;
 - (b) state the facts supporting the allegations of illegal use;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (d) identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

[Additional interrogatories on this subject may be found in sections 75.0, 78.0, 79.0, and 80.0.]

72.0 Service

*[If a defense is based on allegations that the **NOTICE TO QUIT** was defectively served, then either party may ask any applicable question in this section.]*

- 72.1 Does defendant contend (or base a defense or make any allegations) that the **NOTICE TO QUIT** was defectively served? If the answer is "no", do not answer interrogatories 72.2 through 72.3.
- 72.2 Does **PLAINTIFF** contend that the **NOTICE TO QUIT** referred to in the complaint was served? If so, state:
 - (a) the kind of notice;
 - (b) the date and time of service;
 - (c) the manner of service;
 - (d) the name and **ADDRESS** of the person who served it;
 - (e) a description of any **DOCUMENT** or conversation between defendant and the person who served the notice.
- 72.3 Did any person receive the **NOTICE TO QUIT** referred to in the complaint? If so, for each copy of each notice state:
 - (a) the name of the person who received it;
 - (b) the kind of notice;
 - (c) how it was delivered;
 - (d) the date received;
 - (e) where it was delivered;
 - (f) the identity of all **DOCUMENTS** evidencing the notice and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

73.0 Malicious Holding Over

[If a defendant denies allegations that defendant's continued possession is malicious, then either party may ask any applicable question in this section. Additional questions in section 75.0 may also be applicable.]

- 73.1 If any rent called for by the rental agreement is unpaid, state the reasons and the facts upon which the reasons are based.
- 73.2 Has defendant made attempts to secure other premises since the service of the **NOTICE TO QUIT** or since the service of the summons and complaint? If so, for each attempt:
 - (a) state all facts indicating the attempt to secure other premises;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (c) identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 73.3 State the facts upon which **PLAINTIFF** bases the allegation of malice.

74.0 Rent Control and Eviction Control

- 74.1 Is there an ordinance or other local law in this jurisdiction which limits the right to evict tenants? If your answer is no, you need not answer sections 74.2 through 74.6.
- 74.2 For the ordinance or other local law limiting the right to evict tenants, state:
 - (a) the title or number of the law;
 - (b) the locality.
- 74.3 Do you contend that the **RENTAL UNIT** is exempt from the eviction provisions of the ordinance or other local law identified in section 74.2? If so, state the facts upon which you base your contention.
- 74.4 Is this proceeding based on allegations of a need to recover the **RENTAL UNIT** for use of the **LANDLORD** or the landlord's relative? If so, for each intended occupant state:
 - (a) the name;
 - (b) the residence **ADDRESSES** from three years ago to the present;
 - (c) the relationship to the **LANDLORD**;
 - (d) all the intended occupant's reasons for occupancy;
 - (e) all rental units on the **PROPERTY** that were vacated within 60 days before and after the date the **NOTICE TO QUIT** was served.
- 74.5 Is the proceeding based on an allegation that the **LANDLORD** wishes to remove the **RENTAL UNIT** from residential use temporarily or permanently (for example, to rehabilitate, demolish, renovate, or convert)? If so, state:
 - (a) each reason for removing the **RENTAL UNIT** from residential use;
 - (b) what physical changes and renovation will be made to the **RENTAL UNIT**;
 - (c) the date the work is to begin and end;
 - (d) the number, date, and type of each permit for the change or work;

- (e) the identity of each **DOCUMENT** evidencing the intended activity (for example, blueprints, plans, applications for financing, construction contracts) and the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

- 74.6 Is the proceeding based on any ground other than those stated in sections 74.4 and 74.5? If so, for each:
- state each fact supporting or opposing the ground;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - identify all **DOCUMENTS** evidencing the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

75.0 Breach of Warranty to Provide Habitable Premises

[If plaintiff alleges nonpayment of rent and defendant bases his defense on allegations of implied or express breach of warranty to provide habitable residential premises, then either party may ask any applicable question in this section.]

- 75.1 Do you know of any conditions in violation of state or local building codes, housing codes, or health codes, conditions of dilapidation, or other conditions in need of repair in the **RENTAL UNIT** or on the **PROPERTY** that affected the **RENTAL UNIT** at any time defendant has been in possession? If so, state:
- the type of condition;
 - the kind of corrections or repairs needed;
 - how and when you learned of these conditions;
 - how these conditions were caused;
 - the name, **ADDRESS**, and telephone number of each **PERSON** who has caused these conditions.

- 75.2 Have any corrections, repairs, or improvements been made to the **RENTAL UNIT** since the **RENTAL UNIT** was rented to defendant? If so, for each correction, repair, or improvement state:
- a description giving the nature and location;
 - the date;
 - the name, **ADDRESS**, and telephone number of each **PERSON** who made the repairs or improvements;
 - the cost;
 - the identity of any **DOCUMENT** evidencing the repairs or improvements;
 - if a building permit was issued, state the issuing agencies and the permit number of your copy.

- 75.3 Did defendant or any other **PERSON** during 36 months before the **NOTICE TO QUIT** was served or during defendant's possession of the **RENTAL UNIT** notify the **LANDLORD** or his agent or employee about the condition of the **RENTAL UNIT** or **PROPERTY**? If so, for each written or oral notice state:
- the substance;
 - who made it;
 - when and how it was made;
 - the name and **ADDRESS** of each **PERSON** to whom it was made;
 - the name and **ADDRESS** of each person who knows about it;
 - the identity of each **DOCUMENT** evidencing the notice and the name, **ADDRESS**, and telephone number of each **PERSON** who has it;

- the response made to the notice;
- the efforts made to correct the conditions;
- whether the **PERSON** who gave notice was an occupant of the **PROPERTY** at the time of the complaint.

- 75.4 During the period beginning 36 months before the **NOTICE TO QUIT** was served to the present, was the **RENTAL UNIT** or **PROPERTY** (including other rental units) inspected for dilapidations or defective conditions by a representative of any governmental agency? If so, for each inspection state:
- the date;
 - the reason;
 - the name of the governmental agency;
 - the name, **ADDRESS**, and telephone number of each inspector;
 - the identity of each **DOCUMENT** evidencing each inspection and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 75.5 During the period beginning 36 months before the **NOTICE TO QUIT** was served to the present, did **PLAINTIFF** or **LANDLORD** receive a notice or other communication regarding the condition of the **RENTAL UNIT** or **PROPERTY** (including other rental units) from a governmental agency? If so, for each notice or communication state:
- the date received;
 - the identity of all parties;
 - the substance of the notice or communication;
 - the identity of each **DOCUMENT** evidencing the notice or communication and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 75.6 Was there any corrective action taken in response to the inspection or notice or communication identified in sections 75.4 and 75.5? If so, for each:
- identify the notice or communication;
 - identify the condition;
 - describe the corrective action;
 - identify each **DOCUMENT** evidencing the corrective action and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 75.7 Has the **PROPERTY** been appraised for sale or loan during the period beginning 36 months before the **NOTICE TO QUIT** was served to the present? If so, for each appraisal state:
- the date;
 - the name, **ADDRESS**, and telephone number of the appraiser;
 - the purpose of the appraisal;
 - the identity of each **DOCUMENT** evidencing the appraisal and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 75.8 Was any condition requiring repair or correction at the **PROPERTY** or **RENTAL UNIT** caused by defendant or other occupant of the **RENTAL UNIT** or their guests? If so, state:
- the type and location of condition;
 - the kind of corrections or repairs needed;
 - how and when you learned of these conditions;
 - how and when these conditions were caused;
 - the name, **ADDRESS**, and telephone number of each **PERSON** who caused these conditions;

- (f) the identity of each **DOCUMENT** evidencing the repair (or correction) and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

[See also section 71.0 for additional questions.]

76.0 Waiver, Change, Withdrawal, or Cancellation of Notice to Quit

[If a defense is based on waiver, change, withdrawal, or cancellation of the **NOTICE TO QUIT**, then either party may ask any applicable question in this section.]

- 76.1 Did the **PLAINTIFF** or **LANDLORD** or anyone acting on his or her behalf do anything which is alleged to have been a waiver, change, withdrawal, or cancellation of the **NOTICE TO QUIT**? If so:
 - (a) state the facts supporting this allegation;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of these facts;
 - (c) identify each **DOCUMENT** that supports the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 76.2 Did the **PLAINTIFF** or **LANDLORD** accept rent which covered a period after the date for vacating the **RENTAL UNIT** as specified in the **NOTICE TO QUIT**? If so:
 - (a) state the facts;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (c) identify each **DOCUMENT** that supports the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

77.0 Retaliation and Arbitrary Discrimination

[If a defense is based on retaliation or arbitrary discrimination, then either party may ask any applicable question in this section.]

- 77.1 State all reasons that the **NOTICE TO QUIT** was served or that defendant's tenancy was not renewed and for each reason:
 - (a) state all facts supporting **PLAINTIFF'S** decision to terminate or not renew defendant's tenancy;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (c) identify all **DOCUMENTS** that support the facts and state the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

78.0 Nonperformance of the Rental Agreement by Landlord

[If a defense is based on nonperformance of the rental agreement by the **LANDLORD** or someone acting on the **LANDLORD'S** behalf, then either party may ask any applicable question in this section.]

- 78.1 Did the **LANDLORD** or anyone acting on the **LANDLORD'S** behalf agree to make repairs, alterations, or improvements at any time or provide services to the **PROPERTY** or **RENTAL UNIT**? If so, for each agreement state:
 - (a) the substance of the agreement;

- (b) when it was made;
- (c) whether it was written or oral;
- (d) by whom and to whom;
- (e) the name and **ADDRESS** of each person who knows about it;
- (f) whether all promised repairs, alterations, or improvements were completed or services provided;
- (g) the reasons for any failure to perform;
- (h) the identity of each **DOCUMENT** evidencing the agreement or promise and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 78.2 Has **PLAINTIFF** or **LANDLORD** or any resident of the **PROPERTY** ever committed disturbances or interfered with the quiet enjoyment of the **RENTAL UNIT** (including, for example, noise, acts which threaten the loss of title to the property or loss of financing, etc.)? If so, for each disturbance or interference, state:
 - (a) a description of each act;
 - (b) the date of each act;
 - (c) the name, **ADDRESS**, and telephone number of each **PERSON** who acted;
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed each act and any **DOCUMENTS** evidencing the person's knowledge;
 - (e) what action was taken by the **PLAINTIFF** or **LANDLORD** to end or lessen the disturbance or interference.

79.0 Offer of Rent by Defendant

[If a defense is based on an offer of rent by a defendant which was refused, then either party may ask any applicable question in this section.]

- 79.1 Has defendant or anyone acting on the defendant's behalf offered any payments to **PLAINTIFF** which **PLAINTIFF** refused to accept? If so, for each offer state:
 - (a) the amount;
 - (b) the date;
 - (c) purpose of offer;
 - (d) the manner of the offer;
 - (e) the identity of the person making the offer;
 - (f) the identity of the person refusing the offer;
 - (g) the date of the refusal;
 - (h) the reasons for the refusal.

80.0 Deduction from Rent for Necessary Repairs

[If a defense to payment of rent or damages is based on claim of retaliatory eviction, then either party may ask any applicable question in this section. Additional questions in section 75.0 may also be applicable.]

- 80.1 Does defendant claim to have deducted from rent any amount which was withheld to make repairs after communication to the **LANDLORD** of the need for the repairs? If the answer is "no", do not answer interrogatories 80.2 through 80.6.
- 80.2 For each condition in need of repair for which a deduction was made, state:
 - (a) the nature of the condition;
 - (b) the location;
 - (c) the date the condition was discovered by defendant;
 - (d) the date the condition was first known by **LANDLORD** or **PLAINTIFF**;

- (e) the dates and methods of each notice to the **LANDLORD** or **PLAINTIFF** of the condition;
- (f) the response or action taken by the **LANDLORD** or **PLAINTIFF** to each notification;
- (g) the cost to remedy the condition and how the cost was determined;
- (h) the identity of any bids obtained for the repairs and any **DOCUMENTS** evidencing the bids.

80.3 Did **LANDLORD** or **PLAINTIFF** fail to respond within a reasonable time after receiving a communication of a need for repair? If so, for each communication state:

- (a) the date it was made;
- (b) how it was made;
- (c) the response and date;
- (d) why the delay was unreasonable.

80.4 Was there an insufficient period specified or actually allowed between the time of notification and the time repairs were begun by defendant to allow **LANDLORD** or **PLAINTIFF** to make the repairs? If so, state all facts on which the claim of insufficiency is based.

80.5 Does **PLAINTIFF** contend that any of the items for which rent deductions were taken were not allowable under law? If so, for each item state all reasons and facts on which you base your contention.

80.6 Has defendant vacated or does defendant anticipate vacating the **RENTAL UNIT** because repairs were requested and not made within a reasonable time? If so, state all facts on which defendant justifies having vacated the **RENTAL UNIT** or anticipates vacating the rental unit.

81.0 Fair Market Rental Value

*[If defendant denies **PLAINTIFF** allegation on the fair market rental value of the **RENTAL UNIT**, then either party may ask any applicable question in this section. If defendant claims that the fair market rental value is less because of a breach of warranty to provide habitable premises, then either party may also ask any applicable question in section 75. 0.]*

81.1 Do you have an opinion on the fair market rental value of the **RENTAL UNIT**? If so, state:

- (a) the substance of your opinion;
- (b) the factors upon which the fair market rental value is based;
- (c) the method used to calculate the fair market rental value.

81.2 Has any other **PERSON** ever expressed to you an opinion on the fair market rental value of the **RENTAL UNIT**? If so, for each **PERSON**:

- (a) state the name, **ADDRESS**, and telephone number;
- (b) state the substance of the **PERSON'S** opinion;
- (c) describe the conversation or identify all **DOCUMENTS** in which the **PERSON** expressed an opinion and state the name, **ADDRESS**, and telephone number of each **PERSON** who has each **DOCUMENT**.

81.3 Do you know of any current violations of state or local building codes, housing codes, or health codes, conditions of delapidation or other conditions in need of repair in the **RENTAL UNIT** or common areas that have affected the **RENTAL UNIT** at any time defendant has been in possession? If so, state:

- (a) the conditions in need of repair;
- (b) the kind of repairs needed;
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who caused these conditions.

(2) **INCIDENT** means *(insert your definition here or on a separate, attached sheet labeled "Sec. 4(a) (2)"):*

(b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

- 101.0 Identity of Persons Answering These Interrogatories
- 102.0 General Background Information - Individual
- 103.0 General Background Information - Business Entity
- 104.0 Insurance
- 105.0 [Reserved]
- 106.0 Physical, Mental, or Emotional Injuries
- 107.0 Property Damage
- 108.0 Loss of Income or Earning Capacity
- 109.0 Other Damages
- 110.0 Medical History
- 111.0 Other Claims and Previous Claims
- 112.0 Investigation - General
- 113.0 [Reserved]
- 114.0 Statutory or Regulatory Violations
- 115.0 Claims and Defenses
- 116.0 Defendant's Contentions - Personal Injury
- 117.0 [Reserved]
- 120.0 How the Incident Occurred - Motor Vehicle
- 125.0 [Reserved]
- 130.0 [Reserved]
- 135.0 [Reserved]
- 150.0 Contract
- 160.0 [Reserved]
- 170.0 [Reserved]

101.0 Identity of Persons Answering These Interrogatories

101.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

102.0 General Background Information - Individual

- 102.1 State your name, any other names by which you have been known, and your **ADDRESS**.
- 102.2 State the date and place of your birth.
- 102.3 State, as of the time of the **INCIDENT**, your driver's license number, the state of issuance, the expiration date, and any restrictions.
- 102.4 State each residence **ADDRESS** for the last five years and the dates you lived at each **ADDRESS**.
- 102.5 State the name, **ADDRESS**, and telephone number of each employer you have had over the past five years and the dates you worked for each.
- 102.6 Describe your work for each employer you have had over the past five years.
- 102.7 State the name and **ADDRESS** of each academic or vocational school you have attended, beginning with high school, and the dates you attended each.
- 102.8 If you have ever been convicted of a felony, state, for each, the offense, the date and place of conviction, and the court and case number.
- 102.9 State the name, **ADDRESS**, and telephone number of any **PERSON** for whom you were acting as an agent or employee at the time of the **INCIDENT**.
- 102.10 Describe any physical, emotional, or mental disability or condition that you had that may have contributed to the occurrence of the **INCIDENT**.
- 102.11 Describe the nature and quantity of any alcoholic beverage, marijuana, or other drug or medication of any kind that you used within 24 hours before the **INCIDENT**.

103.0 General Background Information - Business Entity

103.1 State your current business name and **ADDRESS**, type of business entity, and your title.

104.0 Insurance

104.1 State the name and **ADDRESS** of each insurance company and the policy number and policy limits of each policy that may cover you, in whole or in part, for the damages related to the **INCIDENT**.

105.0 [Reserved]

106.0 Physical, Mental, or Emotional Injuries

- 106.1 Describe each injury or illness related to the **INCIDENT**.
- 106.2 Describe your present complaints about each injury or illness related to the **INCIDENT**.
- 106.3 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who treated or examined you for each injury or illness related to the **INCIDENT** and the dates of treatment or examination.

- 106.4 State the type of treatment or examination given to you by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.
- 106.5 State the charges made by each **HEALTH CARE PROVIDER** for each injury or illness related to the **INCIDENT**.
- 106.6 State the nature and cost of each health care service related to the **INCIDENT** not previously listed (for example, medication, ambulance, nursing, prosthetics).
- 106.7 State the nature and cost of the health care services you anticipate in the future as a result of the **INCIDENT**.
- 106.8 State the name and **ADDRESS** of each **HEALTH CARE PROVIDER** who has advised you that you may need future health care services as a result of the **INCIDENT**.

107.0 Property Damage

- 107.1 Itemize your property damage and, for each item, state the amount or attach an itemized bill or estimate.

108.0 Loss of Income or Earning Capacity

- 108.1 State the name and **ADDRESS** of each employer or other source of the earnings or income you have lost as a result of the **INCIDENT**.
- 108.2 Show how you compute the earnings or income you have lost, from each employer or other source, as a result of the **INCIDENT**.
- 108.3 State the name and **ADDRESS** of each employer or other source of the earnings or income you expect to lose in the future as a result of the **INCIDENT**.
- 108.4 Show how you compute the earnings or income you expect to lose in the future, from each employer or other source, as the result of the **INCIDENT**.

109.0 Other Damages

- 109.1 Describe each other item of damage or cost that you attribute to the **INCIDENT**, stating the dates of occurrence and the amount.

110.0 Medical History

- 110.1 Describe and give the date of each complaint or injury, whether occurring *before or after* **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT**.
- 110.2 State the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who examined or treated you for each injury or complaint, whether occurring *before or after* the **INCIDENT**, that involved the same part of your body claimed to have been injured in the **INCIDENT** and the dates of examination or treatment.

111.0 Other Claims and Previous Claims

- 111.1 Identify each personal injury claim that **YOU OR ANYONE ACTING ON YOUR BEHALF** have made within the past ten years and the dates.
- 111.2 State the case name, court, and case number of each personal injury action or claim filed by **YOU OR ANYONE ACTING ON YOUR BEHALF** within the past ten years.

112.0 Investigation - General

- 112.1 State the name, **ADDRESS**, and telephone number of each individual who has knowledge of facts relating to the **INCIDENT**, and specify his or her area of knowledge.
- 112.2 State the name, **ADDRESS**, and telephone number of each individual who gave a written or recorded statement relating to the **INCIDENT** and the date of the statement.
- 112.3 State the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of a written or recorded statement relating to the **INCIDENT**.
- 112.4 Identify each document or photograph that describes or depicts any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries, or attach a copy. (if you do not attach a copy, state the name, **ADDRESS**, and telephone number of each **PERSON** who had the original document or photograph or a copy.)
- 112.5 Identify each other item of physical evidence that shows how the **INCIDENT** occurred or the nature or extent of plaintiff's injuries, and state the location of each item, and the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

113.0 [Reserved]

114.0 Statutory or Regulatory Violations

- 114.1 If you contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a cause of the **INCIDENT**, identify each **PERSON** and the statute, ordinance, or regulation.

115.0 Claims and Defenses

- 115.1 State in detail the facts upon which you base your claims that the **PERSON** asking this interrogatory is responsible for your damages.
- 115.2 State in detail the facts upon which you base your contention that you are not responsible, in whole or in part, for plaintiff's damages.
- 115.3 State the name, **ADDRESS**, and the telephone number of each **PERSON**, other than the **PERSON** asking this interrogatory, who is responsible, in whole or in part, for damages claimed in this action.

116.0 Defendant's Contentions - Personal Injury

[See Instruction 2(f)]

- 116.1 If you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.2 If you contend that plaintiff was not injured in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.3 If you contend that the injuries or the extent of the injuries claimed by plaintiff were not caused by the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.4 If you contend that any of the services furnished by any **HEALTH CARE PROVIDER** were not related to the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- 116.5 If you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** were unreasonable, identify each service that you dispute, the cost, and the **HEALTH CARE PROVIDER**.
- 116.6 If you contend that any part of the loss of earnings or income claimed by plaintiff was unreasonable, identify each part of the loss that you dispute and each source of the income or earnings.
- 116.7 If you contend that any of the property damage claimed by plaintiff was not caused by the **INCIDENT**, identify each item of property damage that you dispute.
- 116.8 If you contend that any of the costs of repairing the property damage claimed by plaintiff were unreasonable, identify each cost item that you dispute.
- 116.9 If you contend that, within the last ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, identify each related injury and the date.
- 116.10 If you contend that, within the past ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the **INCIDENT**, state the name, court, and case number of each action filed.

117.0 [Reserved]

120.0 How the Incident Occurred - Motor Vehicle

- 120.1 State how the **INCIDENT** occurred.
- 120.2 For each vehicle involved in the **INCIDENT**, state the year, make, model, and license number.
- 120.3 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of the driver.

- 120.4 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each occupant other than the driver.
- 120.5 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each registered owner.
- 120.6 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each lessee.
- 120.7 For each vehicle involved in the **INCIDENT**, state the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder.
- 120.8 For each vehicle involved in the **INCIDENT**, state the name of each owner who gave permission or consent to the driver to operate the vehicle.

150.0 Contract

- 150.1 Identify all **DOCUMENTS** that are part of the agreement and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.2 State each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made.
- 150.3 Identify all **DOCUMENTS** that evidence each part of the agreement not in writing, and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.4 Identify all **DOCUMENTS** that are part of each modification to the agreement, and for each state the name **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.5 State each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of the **PERSON** agreeing to the modification, and the date the modification was made.
- 150.6 Identify all **DOCUMENTS** that evidence each modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 150.7 Describe and give the date of every act or omission that you claim is a breach of the agreement.
- 150.8 Identify each agreement excused and state why performance was excused.
- 150.9 Identify each agreement terminated by mutual agreement and state why it was terminated, including dates.
- 150.10 Identify each unenforceable agreement and state the facts upon which your answer is based.
- 150.11 Identify each ambiguous agreement and state the facts upon which your answer is based.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<p>DRAFT 2 08 16 05</p> <p style="font-size: 1.2em; font-weight: bold;">Not Approved by the Judicial Council</p>
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
SHORT TITLE:		
<p style="text-align: center; font-weight: bold; margin: 0;">FORM INTERROGATORIES – EMPLOYMENT LAW</p> <p>Asking Party:</p> <p>Answering Party:</p> <p>Set No.:</p>		CASE NUMBER:

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in employment cases.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

- (c) Each answer must be as complete and straightforward as the information reasonably available to you permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.
- (h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

Sec. 2. Instructions to the Asking Party

- (a) These form interrogatories are designed for optional use by parties in employment cases. (Separate sets of interrogatories, *Form Interrogatories* (form FI-120) and *Form Interrogatories—Economic Litigation* (form FI-129) may also be used where applicable in employment cases.)
- (b) Insert the names of the **EMPLOYEE** and **EMPLOYER** to whom these interrogatories apply in the definitions in sections 4(d) and (e) below.
- (c) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.
- (d) The interrogatories in section 211.0, Loss of Income Interrogatories to Employer, should not be used until the employer has had a reasonable opportunity to conduct an investigation or discovery of the employee's injuries and damages.
- (e) Additional interrogatories may be attached.

(DATE)

(SIGNATURE)

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

Sec. 3. Instructions to the Answering Party

- (a) You must answer or provide another appropriate response to each interrogatory that has been checked below.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

- (a) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

- (b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.
- (c) **EMPLOYMENT** means a relationship in which an **EMPLOYEE** provides services requested by or on behalf of an **EMPLOYER**, other than an independent contractor relationship.
- (d) **EMPLOYEE** means a **PERSON** who provides services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYEE** refers to *(insert name)*:

*(If no name is inserted, **EMPLOYEE** means all such PERSONS.)*
- (e) **EMPLOYER** means a **PERSON** who employs an **EMPLOYEE** to provide services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYER** refers to *(insert name)*:

*(If no name is inserted, **EMPLOYER** means all such PERSONS.)*
- (f) **ADVERSE EMPLOYMENT ACTION** means any **TERMINATION**, suspension, demotion, reprimand, loss of pay, failure or refusal to hire, failure or refusal to promote, or other action or failure to act that adversely affects the **EMPLOYEE'S** rights or interests and which is alleged in the **PLEADINGS**.
- (g) **TERMINATION** means the actual or constructive termination of employment and includes a discharge, firing, layoff, resignation, or completion of the term of the employment agreement.
- (h) **PUBLISH** means to communicate orally or in writing to anyone other than the plaintiff. This includes communications by one of the defendant's employees to others. *(Kelly v. General Telephone Co. (1982) 136 Cal.App.3d 278, 284.)*
- (i) **PLEADINGS** means the original or most recent amended version of any complaint, answer, cross-complaint, or answer to cross-complaint.
- (j) **BENEFIT** means any benefit from an **EMPLOYER**, including an "employee welfare benefit plan" or employee pension benefit plan" within the meaning of Title 29 United States Code section 1002(1) or (2) or ERISA.
- (k) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).
- (l) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (m) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories for employment law cases have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

- 200.0 Contract Formation
- 201.0 Adverse Employment Action
- 202.0 Discrimination Interrogatories to Employee
- 203.0 Harassment Interrogatories to Employee
- 204.0 Disability Discrimination
- 205.0 Discharge in Violation of Public Policy
- 206.0 Defamation
- 207.0 Internal Complaints
- 208.0 Governmental Complaints
- 209.0 Other Employment Claims by Employee or Against Employer
- 210.0 Loss of income Interrogatories to Employee
- 211.0 Loss of income Interrogatories to Employer
- 212.0 Physical, Mental, or Emotional Injuries—Interrogatories to Employee
- 213.0 Other Damages Interrogatories to Employee
- 214.0 Insurance
- 215.0 Investigation
- 216.0 Denials and Special or Affirmative Defenses
- 217.0 Response to Request for Admissions

200.0 Contract Formation

- 200.1 Do you contend that the **EMPLOYMENT** relationship was at "at will"? If so:
 - (a) state all facts upon which you base this contention;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
 - (c) identify all **DOCUMENTS** that support your contention.
- 200.2 Do you contend that the **EMPLOYMENT** relationship was not "at will"? If so:
 - (a) state all facts upon which you base this contention;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
 - (c) identify all **DOCUMENTS** that support your contention.
- 200.3 Do you contend that the **EMPLOYMENT** relationship was governed by any agreement—written, oral, or implied? If so:
 - (a) state all facts upon which you base this contention;
 - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
 - (c) identify all **DOCUMENTS** that support your contention.

- 200.4 Was any part of the parties' **EMPLOYMENT** relationship governed in whole or in part by any written rules, guidelines, policies, or procedures established by the **EMPLOYER**? If so, for each **DOCUMENT** containing the written rules, guidelines, policies, or procedures:
- state the date and title of the **DOCUMENT** and a general description of its contents;
 - state the manner in which the **DOCUMENT** was communicated to employees; and
 - state the manner, if any, in which employees acknowledged either receipt of the **DOCUMENT** or knowledge of its contents.

- 200.5 Was any part of the parties' **EMPLOYMENT** relationship covered by one or more collective bargaining agreements or memorandums of understanding between the **EMPLOYER** (or an association of employers) and any labor union or employee association? If so, for each collective bargaining agreement or memorandum of understanding, state:
- the names and **ADDRESSES** of the parties to the collective bargaining agreement or memorandum of understanding;
 - the beginning and ending dates, if applicable, of the collective bargaining agreement or memorandum of understanding; and
 - which parts of the collective bargaining agreement or memorandum of understanding, if any, govern (1) any dispute or claim referred to in the **PLEADINGS** and (2) the rules or procedures for resolving any dispute or claim referred to in the **PLEADINGS**.

- 200.6 Do you contend that the **EMPLOYEE** and the **EMPLOYER** were in a business relationship other than an **EMPLOYMENT** relationship? If so, for each relationship:
- state the names of the parties to the relationship;
 - identify the relationship; and
 - state all facts upon which you base your contention that the parties were in a relationship other than an **EMPLOYMENT** relationship.

201.0 Adverse Employment Action

- 201.1 Was the **EMPLOYEE** involved in a **TERMINATION**? If so:
- state all reasons for the **EMPLOYEE'S TERMINATION**;
 - state the name, **ADDRESS**, and telephone number of each **PERSON** who participated in the **TERMINATION** decision;
 - state the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in the **TERMINATION** decision; and
 - identify all **DOCUMENTS** relied upon in the **TERMINATION** decision.

- 201.2 Are there any facts that would support the **EMPLOYEE'S TERMINATION** that were first discovered after the **TERMINATION**? If so:
- state the specific facts;
 - state when and how **EMPLOYER** first learned of each specific fact;
 - state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the specific facts; and
 - identify all **DOCUMENTS** that evidence these specific facts.

- 201.3 Were there any other **ADVERSE EMPLOYMENT ACTIONS**, including (*the asking party should list the ADVERSE EMPLOYMENT ACTIONS*):

If so, for each action, provide the following:

- all reasons for each **ADVERSE EMPLOYMENT ACTION**;
- the name, **ADDRESS**, and telephone number of each **PERSON** who participated in making each **ADVERSE EMPLOYMENT ACTION** decision;
- the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in making each **ADVERSE EMPLOYMENT ACTION** decision; and
- the identity of all **DOCUMENTS** relied upon in making each **ADVERSE EMPLOYMENT ACTION** decision.

- 201.4 Was the **TERMINATION** or any other **ADVERSE EMPLOYMENT ACTIONS** referred to in Interrogatories 201.1 through 201.3 based in whole or in part on the **EMPLOYEE'S** job performance? If so, for each action:
- identify the **ADVERSE EMPLOYMENT ACTION**;
 - identify the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE EMPLOYMENT ACTION**;
 - identify any rules, guidelines, policies, or procedures that were used to evaluate the **EMPLOYEE'S** specific job performance;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who had responsibility for evaluating the specific job performance of the **EMPLOYEE**;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE EMPLOYMENT ACTION**; and
 - describe all warnings given with respect to the **EMPLOYEE'S** specific job performance.

201.5 Was any **PERSON** hired to replace the **EMPLOYEE** after the **EMPLOYEE'S TERMINATION** or demotion? If so, state the **PERSON'S** name, job title, qualifications, **ADDRESS** and telephone number, and the date the **PERSON** was hired.

201.6 Has any **PERSON** performed any of the **EMPLOYEE'S** former job duties after the **EMPLOYEE'S TERMINATION** or demotion? If so:

- (a) state the **PERSON'S** name, job title, **ADDRESS**, and telephone number;
- (b) identify the duties; and
- (c) state the date on which the **PERSON** started to perform the duties.

201.7 If the **ADVERSE EMPLOYMENT ACTION** involved the failure or refusal to select the **EMPLOYEE** (for example, for hire, promotion, transfer, or training), was any other **PERSON** selected instead? If so, for each **ADVERSE EMPLOYMENT ACTION**, state the name, **ADDRESS**, and telephone number of each **PERSON** selected; the date the **PERSON** was selected; and the reason the **PERSON** was selected instead of the **EMPLOYEE**.

202.0 Discrimination—Interrogatories to Employee

202.1 Do you contend that any **ADVERSE EMPLOYMENT ACTIONS** against you were discriminatory? If so:

- (a) identify each **ADVERSE EMPLOYMENT ACTION** that involved unlawful discrimination;
- (b) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim or claims of discrimination;
- (c) state all facts upon which you base each claim of discrimination;
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** with knowledge of those facts; and
- (e) identify all **DOCUMENTS** evidencing those facts.

202.2 State all facts upon which you base your contention that you were qualified to perform any job which you contend was denied to you on account of unlawful discrimination.

203.0 Harassment—Interrogatories to Employee

203.1 Do you contend that you were unlawfully harassed in your employment? If so:

- (a) state the name, **ADDRESS**, telephone number, and employment position of each **PERSON** whom you contend harassed you;
- (b) for each **PERSON** whom you contend harassed you, describe the harassment;

- (c) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim of harassment;
- (d) state all facts upon which you base your contention that you were unlawfully harassed;
- (e) state the name, **ADDRESS**, and telephone number of each **PERSON** with knowledge of those facts; and
- (f) identify all **DOCUMENTS** evidencing those facts.

204.0 Disability Discrimination

204.1 Name and describe each disability alleged in the **PLEADINGS**.

204.2 Does the **EMPLOYEE** allege any injury or illness that arose out of or in the course of **EMPLOYMENT**? If so, state:

- (a) the nature of such injury or illness;
- (b) how such injury or illness occurred;
- (c) the date on which such injury or illness occurred;
- (d) whether **EMPLOYEE** has filed a workers' compensation claim. If so, state the date and outcome of the claim; and
- (e) whether **EMPLOYEE** has filed or applied for disability benefits of any type. If so, state the date, identify the nature of the benefits applied for, and the outcome of any such application.

204.3 Were there any communications between the **EMPLOYEE** (or the **EMPLOYEE'S HEALTH CARE PROVIDER**) and the **EMPLOYER** about the type or extent of any disability of **EMPLOYEE**? If so:

- (a) state the name, **ADDRESS**, and telephone number of each person who made or received the communications;
- (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed the communications;
- (c) describe the date and substance of the communications; and
- (d) identify each **DOCUMENT** that refers to the communications.

204.4 Did the **EMPLOYER** have any information about the type, existence, or extent of any disability of **EMPLOYEE** other than from communications with the **EMPLOYEE** or the **EMPLOYEE'S HEALTH CARE PROVIDER**? If so, state the sources and substance of that information and the name, **ADDRESS**, and telephone number of each **PERSON** who provided or received the information.

204.5 Did the **EMPLOYEE** need any accommodation to perform any function of the **EMPLOYEE'S** job position or need a transfer to another position as an accommodation? If so, describe the accommodations needed.

204.6 Were there any communications between the **EMPLOYEE** (or the **EMPLOYEE'S HEALTH CARE PROVIDER**) and the **EMPLOYER** about any possible accommodation of **EMPLOYEE**? If so, for each communication:

- (a) state the name, **ADDRESS**, and telephone number of each **PERSON** who made or received the communication;
- (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who witnessed the communication;
- (c) describe the date and substance of the communication; and
- (d) identify each **DOCUMENT** that refers to the communication.

204.7 What did the **EMPLOYER** consider doing to accommodate the **EMPLOYEE**? For each accommodation considered:

- (a) describe the accommodation considered;
- (b) state whether the accommodation was offered to the **EMPLOYEE**;
- (c) state the **EMPLOYEE'S** response; or
- (d) if the accommodation was not offered, state all the reasons why this decision was made;
- (e) state the name, **ADDRESS**, and telephone number of each **PERSON** who on behalf of **EMPLOYER** made any decision about what accommodations, if any, to make for the **EMPLOYEE**; and
- (f) state the name, **ADDRESS**, and telephone number of each **PERSON** who on behalf of the **EMPLOYER** made or received any communications about what accommodations, if any, to make for the **EMPLOYEE**.

205.0 Discharge in Violation of Public Policy

205.1 Do you contend that the **EMPLOYER** took any **ADVERSE EMPLOYMENT ACTION** against you in violation of public policy? If so:

- (a) identify the constitutional provision, statute, regulation, or other source of the public policy that you contend was violated; and
- (b) state all facts upon which you base your contention that the **EMPLOYER** violated public policy.

206.0 Defamation

206.1 Did the **EMPLOYER'S** agents or employees **PUBLISH** any of the allegedly defamatory statements identified in the **PLEADINGS**? If so, for each statement:

- (a) identify the **PUBLISHED** statement;
- (b) state the name, **ADDRESS**, telephone number, and job title of each person who **PUBLISHED** the statement;
- (c) state the name, **ADDRESS**, and telephone number of each person to whom the statement was **PUBLISHED**;

- (d) state whether, at the time the statement was **PUBLISHED**, the **PERSON** who **PUBLISHED** the statement believed it to be true; and
- (e) state all facts upon which the **PERSON** who published the statement based the belief that it was true.

206.2 State the name and **ADDRESS** of each agent or employee of the **EMPLOYER** who responded to any inquiries regarding the **EMPLOYEE** after the **EMPLOYEE'S TERMINATION**.

206.3 State the name and **ADDRESS** of the recipient and the substance of each post-**TERMINATION** statement **PUBLISHED** about **EMPLOYEE** by any agent or employee of **EMPLOYER**.

207.0 Internal Complaints

207.1 Were there any internal written policies or regulations of the **EMPLOYER** that apply to the making of a complaint of the type that is the subject matter of this lawsuit? If so:

- (a) state the title and date of each **DOCUMENT** containing the policies or regulations and a general description of the **DOCUMENT'S** contents;
- (b) state the manner in which the **DOCUMENT** was communicated to **EMPLOYEES**;
- (c) state the manner, if any, in which **EMPLOYEES** acknowledged receipt of the **DOCUMENT** or knowledge of its contents, or both;
- (d) state, if you contend that the **EMPLOYEE** failed to use any available internal complaint procedures, all facts that support that contention; and
- (e) state, if you contend that the **EMPLOYEE'S** failure to use internal complaint procedures was excused, all facts why the **EMPLOYEE'S** use of the procedures was excused.

207.2 Did the **EMPLOYEE** complain to the **EMPLOYER** about any of the unlawful conduct alleged in the **PLEADINGS**? If so, for each complaint:

- (a) state the date of the complaint;
- (b) state the nature of the complaint;
- (c) state the name and **ADDRESS** of each **PERSON** to whom the complaint was made;
- (d) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who investigated the complaint;
- (e) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who participated in making decisions about how to conduct the investigation;

- (f) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who was interviewed or who provided an oral or written statement as part of the investigation of the complaint;
- (g) state the nature and date of any action taken in response to the complaint;
- (h) state whether the **EMPLOYEE** who made the complaint was made aware of the actions taken by the **EMPLOYER** in response to the complaint, and, if so, state how and when;
- (i) identify all **DOCUMENTS** relating to the complaint, the investigation, and any action taken in response to the complaint; and
- (j) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the **EMPLOYEE'S** complaint or the **EMPLOYER'S** response to the complaint.

208.0 Governmental Complaints

- 208.1 Did the **EMPLOYEE** file a claim, complaint, or charge with any governmental agency that involved any of the material allegations made in the **PLEADINGS**? If so, for each claim, complaint, or charge:
 - (a) state the date on which it was filed;
 - (b) state the name and **ADDRESS** of the agency with which it was filed;
 - (c) state the number assigned to the claim, complaint, or charge by the agency;
 - (d) state the nature of each claim, complaint, or charge made;
 - (e) state the date on which the **EMPLOYER** was notified of the claim, complaint, or charge;
 - (f) state the name, **ADDRESS**, and telephone number of all **PERSONS** within the governmental agency with whom the **EMPLOYER** has had any contact or communication regarding the claim, complaint, or charge;
 - (g) state whether a right to sue notice was issued and, if so, when; and
 - (h) state whether any findings or conclusions regarding the complaint or charge have been made, and, if so, the date and description of the agency's findings or conclusions.

- 208.2 Did the **EMPLOYER** respond to any claim, complaint, or charge identified in Interrogatory 208.1? If so, for each claim, complaint, or charge:
 - (a) state the nature and date of any investigation done or any other action taken by the **EMPLOYER** in response to the claim, complaint, or charge;
 - (b) state the name, **ADDRESS**, telephone number, and job title of each person who investigated the claim, complaint, or charge;
 - (c) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who participated in making decisions about how to conduct the investigation; and

- (d) state the name, **ADDRESS**, telephone number, and job title of each **PERSON** who was interviewed or who provided an oral or written statement as part of the investigation.

209.0 Other Employment Claims by Employee or Against Employer

- 209.1 Except for this action, in the past 10 years has the **EMPLOYEE** filed a civil action against any employer regarding the **EMPLOYEE'S** employment? If so, for each civil action:
 - (a) state the name, **ADDRESS**, and telephone number of each employer against whom the action was filed;
 - (b) state the court, names of the parties, and case number of the civil action;
 - (c) state the name, **ADDRESS**, and telephone number of any attorney representing the **EMPLOYEE**; and
 - (d) state whether the action has been resolved or is pending.
- 209.2 Except for this action, in the past 10 years has any employee filed a civil action against the **EMPLOYER** regarding his or her employment? If so, for each civil action:
 - (a) state the name, **ADDRESS**, and telephone number of each employee who filed the action;
 - (b) state the court, names of the parties, and case number of the civil action;
 - (c) state the name, **ADDRESS**, and telephone number of any attorney representing the **EMPLOYER**; and
 - (d) state whether the action has been resolved or is pending.

210.0 Loss of Income—Interrogatories to Employee

- 210.1 Do you attribute any loss of income, benefits, or earning capacity to any **ADVERSE EMPLOYMENT ACTION**? (If your answer is "no," do not answer Interrogatories 210.2 through 210.6.)
- 210.2 State the total amount of income, benefits, or earning capacity you have lost to date and how the amount was calculated.
- 210.3 Will you lose income, benefits, or earning capacity in the future as a result of any **ADVERSE EMPLOYMENT ACTION**? If so, state the total amount of income, benefits, or earning capacity you expect to lose, and how the amount was calculated.
- 210.4 Have you attempted to minimize the amount of your lost income? If so, describe how; if not, explain why not.

210.5 Have you purchased any benefits to replace any benefits to which you would have been entitled if the **ADVERSE EMPLOYMENT ACTION** had not occurred? If so, state the cost for each benefit purchased.

210.6 Have you obtained other employment since any **ADVERSE EMPLOYMENT ACTION**? If so, for each new employment:

- (a) state when the new employment commenced;
- (b) state the hourly rate or monthly salary for the new employment; and
- (c) state the benefits available from the new employment.

211.0 Loss of Income—Interrogatories to Employer
[See instruction 2(d).]

211.1 Identify each type of **BENEFIT** to which the **EMPLOYEE** would have been entitled, from the date of the **ADVERSE EMPLOYMENT ACTION** to the present, if the **ADVERSE EMPLOYMENT ACTION** had not happened and the **EMPLOYEE** had remained in the same job position. For each type of benefit, state the amount the **EMPLOYER** would have paid to provide the benefit for the **EMPLOYEE** during this time period and the value of the **BENEFIT** to the **EMPLOYEE**.

211.2 Do you contend that the **EMPLOYEE** has not made reasonable efforts to minimize the amount of the **EMPLOYEE'S** lost income? If so:

- (a) describe what more **EMPLOYEE** should have done;
- (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts that support your contention; and
- (c) identify all **DOCUMENTS** that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

211.3 Do you contend that any of the lost income claimed by the **EMPLOYEE**, as disclosed in discovery thus far in this case, is unreasonable or was not caused by the **ADVERSE EMPLOYMENT ACTION**? If so:

- (a) state the amount of claimed lost income that you dispute;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
- (d) identify all **DOCUMENTS** that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

212.0 Physical, Mental, or Emotional Injuries—Interrogatories to Employee

212.1 Do you attribute any physical, mental, or emotional injuries to the **ADVERSE EMPLOYMENT ACTION**? *(If your answer is "no," do not answer Interrogatories 212.2 through 212.7.)*

212.2 Identify each physical, mental, or emotional injury that you attribute to the **ADVERSE EMPLOYMENT ACTION** and the area of your body affected.

212.3 Do you still have any complaints of physical, mental, or emotional injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each complaint state:

- (a) a description of the injury;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

212.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each **HEALTH CARE PROVIDER** state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

212.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each medication state:

- (a) the name of the medication;
- (b) the name, **ADDRESS** and telephone number of the **PERSON** who prescribed or furnished it;
- (c) the date prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

212.6 Are there any other medical services not previously listed in response to interrogatory 212.4 (for example, ambulance, nursing, prosthetics) that you received for injuries attributed to the **ADVERSE EMPLOYMENT ACTION**? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**.

- 212.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each injury state:
 - (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
 - (b) the complaints for which the treatment was advised; and
 - (c) the nature, duration, and estimated cost of the treatment.

213.0 Other Damages—Interrogatories to Employee

- 213.1 Are there any other damages that you attribute to the **ADVERSE EMPLOYMENT ACTION**? If so, for each item of damage state:
 - (a) the nature;
 - (b) the date it occurred;
 - (c) the amount; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the nature or amount of the damage.
- 213.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in Interrogatory 213.1 ? If so, identify the **DOCUMENTS** and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

214.0 Insurance

- 214.1 At the time of the **ADVERSE EMPLOYMENT ACTION**, was there in effect any policy of insurance through which you were or might be insured in any manner for the damages, claims, or actions that have arisen out of the **ADVERSE EMPLOYMENT ACTION**? If so, for each policy state:
 - (a) the kind of coverage;
 - (b) the name and **ADDRESS** of the insurance company;
 - (c) the name, **ADDRESS**, and telephone number of each named insured;
 - (d) the policy number;
 - (e) the limits of coverage for each type of coverage contained in the policy;
 - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
 - (g) the name, **ADDRESS**, and telephone number of the custodian of the policy.
- 214.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **ADVERSE EMPLOYMENT ACTION**? If so, specify the statute.

215.0 Investigation

- 215.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **ADVERSE EMPLOYMENT ACTION**? If so, for each individual state:
 - (a) the name, **ADDRESS**, and telephone number of the individual interviewed;
 - (b) the date of the interview; and
 - (c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.
- 215.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **ADVERSE EMPLOYMENT ACTION**? If so, for each statement state:
 - (a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
 - (b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
 - (c) the date the statement was obtained; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

216.0 Denials and Special or Affirmative Defenses

- 216.1 Identify each denial of a material allegation and each special or affirmative defense in your **PLEADINGS** and for each:
 - (a) state all facts upon which you base the denial or special or affirmative defense;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - (c) identify all **DOCUMENTS** and all other tangible things, that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

217.0 Response to Request for Admissions

- 217.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
 - (a) state the number of the request;
 - (b) state all facts upon which you base your response;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

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

DRAFT 1
06/28/05 mc
Not Approved by the
Judicial Council

You are being sued. *Lo están demandando.*

Petitioner's name is:
Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120 or FL-123) at the court and have a copy served 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 your marriage or domestic partnership, your property, and 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. You can get information about finding lawyers at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), at the California Legal Services Web site (www.lawhelpcalifornia.org), or by contacting your local county bar association.

Tiene 30 días corridos después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120 ó FL-123) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales. Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas.

Si desea obtener asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar a un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio Web de los Servicios Legales de California (www.lawhelpcalifornia.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: The restraining orders on page 2 are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. These orders are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO: Las órdenes de restricción que figuran en la página 2 valen para ambos cónyuges o pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier autoridad de la ley que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

1. The name and address of the court are *(El nombre y dirección de la corte son)*:
2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are:
(El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

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

[SEAL]

NOTICE TO THE PERSON SERVED: You are served
AVISO A LA PERSONA QUE RECIBIÓ LA ENTREGA: Esta entrega se realiza

a. as an individual. *(a usted como individuo.)*
b. on behalf of respondent who is a *(en nombre de un demandado que es)*:

(1) minor *(menor de edad)*
(2) ward or conservatee *(dependiente de la corte o pupilo)*
(3) other *(specify) (otro – especifique)*:

(Read the reverse for important information.)
(Lea importante información al dorso.)

WARNING—IMPORTANT INFORMATION

WARNING: California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from

1. removing the minor child or children of the parties, if any, from the state without the prior written consent of the other party or an order of the court;
2. 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 and their minor child or children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

ADVERTENCIA – INFORMACIÓN IMPORTANTE

ADVERTENCIA: De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para los fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

ÓRDENES DE RESTRICCIÓN NORMALES DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. Llevarse del estado de California a los hijos menores de las partes, si los hubiera, sin el consentimiento previo por escrito de la otra parte o una orden de la corte;
2. Cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, tal como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. Transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, con excepción las operaciones realizadas en el curso normal de actividades o para satisfacer las necesidades de la vida; y
4. Crear o modificar una transferencia no testamentaria de manera que afecte el destino de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto, por lo menos cinco días laborales antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado o para ayudarle a pagar los costos de la corte.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>):	TELEPHONE NO.:
<p>DRAFT 2 08 16 05 Not Approved by the Judicial Council</p>	
ATTORNEY FOR (<i>Name</i>):	

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
--

SHORT TITLE:

<p>FORM INTERROGATORIES—FAMILY LAW</p> <p>Asking Party:</p> <p>Answering Party:</p> <p>Set No.:</p>	CASE NUMBER:
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Sec. 1. Instructions to Both Parties

The interrogatories on page 2 of this form are intended to provide for the exchange of relevant information without unreasonable expense to the answering party. They do not change existing law relating to interrogatories, nor do they affect the answering party’s right to assert any privilege or make any objection. **Privileges must be asserted.**

Sec. 2. Definitions

Words in **boldface** in these interrogatories are defined as follows:

- (a) **Person** includes a natural person; a partnership; any kind of business, legal, or public entity; and its agents or employees.
- (b) **Document** means all written, recorded, or graphic materials, however stored, produced, or reproduced.
- (c) **Asset** or **property** includes any interest in real estate or personal property. It includes any interest in a pension, profit-sharing, or retirement plan.
- (d) **Debt** means any obligation, including debts paid since the date of separation.
- (e) **Support** means any benefit or economic contribution to the living expenses of another person, including gifts.
- (f) If asked to **identify a person**, give the person’s name, last known residence and business addresses, telephone numbers, and company affiliation at the date of the transaction referred to.
- (g) If asked to **identify a document**, attach a copy of the document unless you explain why not. If you do not attach the copy, describe the document, including its date and nature, and give the name, address, telephone number, and occupation of the person who has the document.

Sec. 3. Instructions to the Asking Party

Check the box next to each interrogatory you want the answering party to answer.

Sec. 4. Instructions to the Answering Party

You must answer these interrogatories under oath within 30 days, in accordance with Code of Civil Procedure section 2030.260.

You must furnish all information you have or can reasonably find out, including all information (not privileged) from your attorneys or under your control. If you don’t know, say so.

If an interrogatory is answered by referring to a document, the document must be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer can be found.

If a document to be attached to the response may also be attached to the *Schedule of Assets and Debts* (form FL-142), the document should be attached only to the response, and the form should refer to the response.

If an interrogatory cannot be answered completely, answer as much as you can, state the reason you cannot answer the rest, and state any information you have about the unanswered portion.

Sec. 5. Oath

Your answers to these interrogatories must be under oath, dated, and signed. Use the following statement **at the end of your answers:**

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

_____ _____

(DATE) (SIGNATURE)

- 1. **Personal history.** State your full name, current residence address and work address, social security number, any other names you have used, and the dates between which you used each name.
- 2. **Agreements.** Are there any agreements between you and your spouse or domestic partner, made before or during your marriage or domestic partnership or after your separation, that affect the disposition of **assets, debts, or support** in this proceeding? If your answer is yes, for each agreement state the date made and whether it was written or oral, and attach a copy of the agreement or describe its contents.
- 3. **Legal actions.** Are you a party or do you anticipate being a party to any legal or administrative proceeding other than this action? If your answer is yes, state your role and the name, jurisdiction, case number, and a brief description of each proceeding.
- 4. **Persons sharing residence.** State the name, age, and relationship to you of each **person** at your present address.
- 5. **Support provided others.** State the name, age, address, and relationship to you of each **person** for whom you have provided **support** during the past 12 months and the amount provided per month for each.
- 6. **Support received for others.** State the name, age, address, and relationship to you of each **person** for whom you have received **support** during the past 12 months and the amount received per month for each.
- 7. **Current income.** List all income you received during the past 12 months, its source, the basis for its computation, and the total amount received from each. Attach your last three paycheck stubs.
- 8. **Other income.** During the past three years, have you received cash or other property from any source not identified in item 7? If so, list the source, the date, and the nature and value of the property.
- 9. **Tax returns.** Attach copies of all tax returns and tax schedules filed by or for you in any jurisdiction for the past three calendar years.
- 10. **Schedule of assets and debts.** Complete the *Schedule of Assets and Debts* (form FL-142) served with these interrogatories.
- 11. **Separate property contentions.** State the facts that support your contention that an asset or debt is separate property.
- 12. **Property valuations.** During the past 12 months, have you received written offers to purchase or had written appraisals of any of the assets listed on your completed *Schedule of Assets and Debts*? If your answer is yes, **identify the document.**
- 13. **Property held by others.** Is there any **property** held by any third party in which you have any interest or over which you have any control? If your answer is yes, indicate whether the property is shown on the *Schedule of Assets and Debts* completed by you. If it is not, describe and identify each such asset, state its present value and the basis for your valuation, and **identify the person** holding the asset.
- 14. **Retirement and other benefits.** Do you have an interest in any disability, retirement, profit-sharing, or deferred compensation plan? If your answer is yes, **identify** each plan and provide the name, address, and telephone number of the administrator and custodian of records.
- 15. **Claims of reimbursement.** Do you claim the legal right to be reimbursed for any expenditures of your separate or community property? If your answer is yes, state all supporting facts.
- 16. **Credits.** Have you claimed reimbursement credits for payments of community debts since the date of separation? If your answer is yes, **identify** the source of payment, the creditor, the date paid, and the amount paid. State whether you have added to the debt since the separation.
- 17. **Insurance.** **Identify** each health, life, automobile, and disability insurance policy or plan that you now own or that covers you, your children, or your assets. State the policy type, policy number, and name of the company. **Identify** the agent and give the address.
- 18. **Health.** Is there any physical or emotional condition that limits your ability to work? If your answer is yes, state each fact on which you base your answer.
- 19. **Children's needs.** Do you contend that any of your children have any special needs? If so, identify the child with the need, the reason for the need, its cost, and its expected duration.
- 20. **Attorney fees.** State the total amount of attorney fees and costs incurred by you in this proceeding, the amount paid, and the source of the money paid. Describe the billing arrangements.
- 21. **Gifts.** List any gifts you have made without the consent of your spouse or domestic partner in the past 24 months, their values, and the recipients.

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

- a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form 982(a)(17), *Application for Waiver of Court Fees and Costs*
- Form 982(a)(18), *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

Court days are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

Aviso Sobre Derechos y Responsabilidades

Procedimiento relativo a costos de salud y devolución de dichos costos

Si usted tiene una orden de manutención de menores que disponga la devolución de costos incurridos por servicios de salud para menores y costos no cubiertos por el seguro médico, la ley dice lo siguiente:

1. Aviso. Se debe dar al otro padre una factura detallada relacionando los costos cobrados por servicios de salud que no estén cubiertos por seguro médico. Esta factura se le debe dar al otro padre con antelación razonable y no más tarde de 30 días después de haber recibido dichos cobros de pago.

2. Comprobante de pago total. Si usted ya pagó todos los costos de salud correspondientes a individuos no asegurados, deberá: (1) proporcionar al otro padre el comprobante de haber pagado y (2) pedirle al otro padre que le pague la porción de los costos que al otro padre le corresponda, según la orden del tribunal.

3. Comprobante de pago parcial. Si sólo pagó su porción de los costos no cubiertos por el seguro, debe: (1) darle al otro padre un comprobante indicando que ya pagó dicha porción, (2) pedir al otro padre que pague directamente al proveedor de servicios médicos la parte de los costos que al otro padre le corresponda y (3) darle al otro padre la información necesaria para que pague la factura.

4. Pago que le corresponde al padre notificado. Si usted recibe notificación del otro padre indicando costos incurridos por servicios de salud para individuos sin seguro, deberá pagar la porción que le corresponde a usted dentro del plazo ordenado por el tribunal, o si el tribunal no especifica un plazo, usted deberá pagar dichos costos, ya sea, (1) a más tardar en 30 días, desde la fecha en que recibió la notificación sobre los costos por pagar, (2) según un horario acordado por escrito entre usted y el otro padre o (3) según el horario adoptado por el tribunal.

5. Cuando se disputan los costos. Si usted disputa un costo, puede presentar al tribunal una moción (o pedimento) para resolver la disputa. Sólo podrá hacer esto, si paga el costo antes de presentar la moción. Si su reclamo consiste en que la otra parte no le ha pagado a usted por un costo, o que no le ha pagado al proveedor de servicios de salud después de la notificación apropiada, usted puede presentar una moción ante el tribunal para resolver la disputa.

El tribunal asumirá que si los costos ya se han pagado, dichos costos han sido razonables. Si una persona se comporta de una manera que no sea razonable, el tribunal puede imponerle que pague honorarios de abogado.

6. Cobertura de seguro por orden de tribunal. Si un padre tiene seguro de salud por orden del tribunal, ese seguro se usará todo el tiempo, siempre que esté disponible para cubrir los costos de servicios de salud.

a. Responsabilidad de comprobar. La responsabilidad de comprobar ante el tribunal que la cobertura de servicios de salud es inadecuada para los menores recae sobre la parte que reclama que es inadecuada.

b. Costos de cobertura adicional. Si uno de los padres compra un seguro de salud adicional al que haya sido ordenado por el tribunal, dicho padre deberá pagar todo el costo de la cobertura adicional. Y si uno de los padres usa una manera alterna para cubrir gastos médicos que cueste más que la cobertura dispuesta por el tribunal, dicho padre tendrá que pagar la diferencia.

7. Proveedor preferido para servicios de salud. Si la orden del tribunal especifica un proveedor preferido para servicios de salud, dicho proveedor deberá usarse siempre, según los términos de la póliza del seguro de salud. Si una de las partes decide usar un proveedor que no sea el preferido e incurre costos que podrían haber sido cubiertos por el proveedor preferido si se hubieran utilizado sus servicios, dicha parte asumirá la responsabilidad de cubrir los costos incurridos.

Información sobre cómo cambiar una orden judicial sobre manutención de menores

Información general

El tribunal acaba de dar una orden judicial sobre manutención de menores en esta causa. Esta orden permanecerá en efecto, a menos que alguna de las partes de la causa pida que se modifique. Sólo se puede modificar una orden de manutención de menores si se presenta ante el tribunal una moción (o pedimento) sobre modificación de manutención y si se da una copia de dicha moción a las partes interesadas en la causa. Si ambos padres llegan a un común acuerdo sobre una suma y si la agencia local que vigila la manutención de menores también acepta el acuerdo (si dicha agencia participa), se puede llenar y hacer que cada una de las partes firme una *Estipulación para Establecer o Modificar una Orden de Manutención de Menores* (formulario FL-350) o llenar y hacer que cada una de las partes firme una *Estipulación y Orden (Documento gubernamental)* (formulario FL-625).

¿Cuándo se puede modificar una orden de manutención de menores?

El juez toma varios factores en consideración cuando emite una orden judicial sobre el pago de manutención de menores. Primero, considera, el número de hijos. Luego, determina los ingresos de ambos padres y el porcentaje del tiempo que cada padre asume la custodia física de los hijos. El tribunal estudia el estado tributario (pago de impuestos) de ambas partes y puede tener en cuenta factores de dificultad económica, tales como la existencia de hijos de otra relación. Se puede modificar la orden sobre manutención de menores si ocurre un cambio considerable en los ingresos netos de uno de los padres, un cambio considerable en el tiempo que los menores pasan con cada uno de los padres, o cuando nace un nuevo hijo.

Ejemplos:

- Si a usted se le ha ordenado pagar \$500 mensuales de manutención de menores y luego pierde su empleo. Continuará debiendo \$500 mensuales, más el 10% de intereses sobre la suma de manutención debida, a menos que presente una moción pidiendo que se modifique y se reduzca la suma de manutención y que el tribunal ordene dicha reducción.
- Si usted está recibiendo \$300 mensuales por manutención de menores provenientes del otro padre y los ingresos de ese padre aumentan considerablemente, usted continuaría recibiendo \$300 mensuales, a menos que usted presente una moción para modificar la orden y que el tribunal ordene el aumento de la suma de manutención de menores.
- Si paga manutención de menores basándose en que pasa un 30% de tiempo asumiendo la custodia parcial de sus hijos y después de varios meses, resulta que en efecto pasa el 50% del tiempo a cargo de la custodia física de sus hijos, en dado caso, podrá presentar una moción pidiendo que se reduzca la suma de manutención.

Cómo modificar una orden existente de manutención de hijos menores

Para modificar una orden de manutención de hijos menores usted debe presentar documentos ante el tribunal. Recuerde: Usted tiene la obligación de cumplir la orden judicial existente.

¿Qué formularios necesita?

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso esté abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-680 Aviso de petición (Gubernamental) o FL-683 Orden de motivos justificativos (Gubernamental) **y**
- FL-684 Solicitud de orden y declaración de respaldo

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso **no** esté abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-301 Aviso de petición o FL-300 Orden de motivos justificativos **y**
- FL-310 Solicitud para una orden y declaración de respaldo (Derecho de familia -Paternidad uniforme) **o**
- FL-390 Aviso de petición y petición simplificada de modificación de orden de manutención de hijos menores, de cónyuge o de familia

También deberá llenar uno de los siguientes formularios:

- FL-150 Declaración de ingresos y gastos **o** FL-155 Declaración sobre finanzas (Simplificada)

¿Qué puedo hacer si no sé qué formulario llenar?

Hable con el asesor legal del tribunal de familia.

Después de llenar los formularios, radíquelos en el tribunal y pida una audiencia ante el tribunal. Escriba la fecha de su audiencia en su formulario.

En la secretaría le pedirán que pague la cuota de radicación. Si no tiene los medios para pagar la cuota, llene también los siguientes formularios:

- Formulario 982(a)(17) Solicitud de exención de cuotas y costos judiciales
- Formulario 982(a)(18) Orden de exoneración de cuotas y costos judiciales

Usted tiene que hacer la "entrega legal" de los formularios de modificación al otro padre. Si la agencia local que vigila la manutención de hijos menores participa en la causa, entregue también a esa agencia los documentos.

Esto significa que una persona de no menos de 18 años (**y que no sea usted mismo**) debe entregar copias de los formularios por lo menos 16 días hábiles del tribunal antes de la audiencia. Se deben añadir 5 días más si la entrega se hace por correo postal dentro de California (véase Código Civil de Procedimientos, sección 1005 para ver otras situaciones). Los **días hábiles del tribunal** son los días cuando el tribunal está funcionando, de lunes a viernes, exceptuando los días feriados. Los **días calendarios** son todos los días de la semana, incluyendo los fines de semana y los días feriados. Para obtener mayor información, visite:

www.courtinfo.ca.gov/selfhelp/courtcalendars

La persona que haga entrega de la copia de los documentos deberá entregar copias de los siguientes formularios:

- FL-320 Declaración de respuesta y FL-150 Declaración de ingresos y gastos, o
- FL-155 Declaración de finanzas (Simplificada)

La persona que hace la entrega entonces llena y firma el comprobante de entrega (formularios FL-330 o FL-335). Luego, usted lleva este documento a la secretaría del tribunal para radicarlo.

Vaya a su audiencia ante el tribunal y pídale a juez que modifique la manutención. Lleve consigo sus formularios más recientes de declaración de impuestos federales de los últimos dos años y sus talones de pago de los últimos dos meses. El juez estudiará la información presentada, escuchará a ambos padres y emitirá una orden. Después de la audiencia usted debe llenar los formularios:

- FL-340 Conclusiones y orden después de la audiencia y
- FL-342 Documento adjunto con información sobre manutención de menores y orden judicial.

¿Necesita ayuda?

Consulte con el Asesor Legal del Tribunal de Familia de su condado o llame al colegio de abogados de su condado y pida un abogado con experiencia en el tribunal de familia.

COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____	Court of Appeal Case Number (court will provide):
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In re the Matter of:

(Name and date of birth of subject child or children)

Petitioners

v.

Superior Court of California, County of _____

Respondent

Real Party in Interest

(FILE STAMP)

DRAFT 1

06/29/05 mc

Not Approved by the

Judicial Council

Superior Court No. _____

Superior Court No. _____

Related Appeal Pending

Appellate Court No. _____

NOTICE OF ACTION
RULE 38.1

BY THE COURT:

The following order to Show Cause or Alternative Writ is issued:

1. Response shall be filed under rule 38.1(c)(2)(B) of the California Rules of Court, within 10 days after the filing of the writ petition. Oral argument will not be granted unless requested by party.
2. Hearing in trial court pursuant to Welfare and Institutions Code section 366.26 is stayed.
3. Other (*specify*):

Date: _____

(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY <p style="text-align: center;">DRAFT 1 08 16 05</p> <p style="text-align: center;">Not Approved by the Judicial Council</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

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)

- Attorney for Plaintiff Petitioner Defendant
- Respondent Other *(Specify)*:

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 DRAFT 1 08 16 05 Not Approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)	CASE NUMBER:

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): _____ makes the following substitution:

1. **Former legal representative** Party represented self Attorney (name):
2. **New legal representative** Party is representing self* Attorney
 - a. Name: _____
 - b. State Bar No. (if applicable): _____
 - c. Address (number, street, city, ZIP, and law firm name, if applicable): _____
 - d. Telephone No. (include area code): _____
3. The party making this substitution is a plaintiff defendant petitioner respondent other (specify): _____

***NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

<ul style="list-style-type: none"> • Guardian • Conservator • Trustee 	<ul style="list-style-type: none"> • Personal Representative • Probate fiduciary • Corporation 	<ul style="list-style-type: none"> • Guardian ad litem • Unincorporated association
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If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

NOTICE TO PARTIES WITHOUT ATTORNEYS

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.
 Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF PARTY)

5. I consent to this substitution.
 Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF FORMER ATTORNEY)

6. I consent to this substitution.
 Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

CASE NAME: _____	CASE NUMBER:
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**PROOF OF SERVICE BY MAIL
Substitution of Attorney—Civil**

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

1. I am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*):

2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.
 - (1) Date of mailing:
 - (2) Place of mailing (*city and state*):

3. 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)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4. a. Name of person served:
b. Address (*number, street, city, and ZIP*):

- c. Name of person served:
d. Address (*number, street, city, and ZIP*):

- e. Name of person served:
f. Address (*number, street, city, and ZIP*):

- g. Name of person served:
h. Address (*number, street, city, and ZIP*):

- i. Name of person served:
j. Address (*number, street, city, and ZIP*):

List of names and addresses continued in attachment.

SMALL CLAIMS CASE NO.:

NOTICE TO ALL PLAINTIFFS AND DEFENDANTS: Your small claims case has been decided. If you lost the case, and the court ordered you to pay money, your wages, money, and property may be taken without further warning from the court. Read the back of this sheet for important information about your rights.
AVISO A TODOS LOS DEMANDANTES Y DEMANDADOS: Su caso ha sido resuelto por la corte para reclarnos judiciales menores. Si la corte ha decidido en su contra y ha ordenado que usted pague dinero, le pueden quitar su salario, su dinero, y otras cosas de su propiedad, sin aviso adicional por parte de esta corte. Lea el reverso de este formulario para obtener informacion de importancia acerca de sus derechos.

PLAINTIFF/DEMANDANTE (Name, street address, and telephone number of each):

DEFENDANT/DEMANDADO *(Name, street address, and telephone number of each):

Telephone No.:

Telephone No.:

Telephone No.:

Telephone No.:

See attached sheet for additional plaintiffs and defendants.

NOTICE OF ENTRY OF JUDGMENT

Judgment was entered as checked below on (date):

- 1. Defendant (name, if more than one): shall pay plaintiff (name, if more than one): \$ principal and: \$ costs on plaintiffs claim.
2. Defendant does not owe plaintiff any money on plaintiff's claim.
3. Plaintiff (name, if more than one): shall pay defendant (name, if more than one): \$ principal and \$ costs on defendant's claim.
4. Plaintiff does not owe defendant any money on defendants claim.
5. Possession of the following property is awarded to plaintiff (describe property):
6. Payments are to be made at the rate of: \$ per (specify period): , beginning on (date): and on the (specify day): day of each month thereafter until paid in full. If any payment is missed, the entire balance may become due immediately.
7. Dismissed in court with Prejudice. without prejudice.
8. Attorney-Client Fee Dispute (Attachment to Notice of Entry of Judgment) (form SC-132) is attached.
9. Other (specify):
10. This judgment results from a motor vehicle accident on a California highway and was caused by the judgment debtor's operation of a motor vehicle. If the judgment is not paid, the judgment creditor may apply to have the judgment debtor's drivers license suspended.
11. Enforcement of the judgment is automatically postponed for 30 days or, if an appeal is filed, until the appeal is decided.
12. This notice was personally delivered to (insert name and date):
13. CLERK'S CERTIFICATE OF MAILING— I certify that I am not a party to this action. This Notice of Entry of Judgment was mailed first class, postage prepaid, in a sealed envelope to the parties at the addresses shown above. The mailing and this certification occurred at the place and on the date shown below.

Place of mailing: , California

Date of mailing:

Clerk, by , Deputy

The county provides small claims advisor services free of charge. Read the information sheet on the reverse.

NOTICE OF ENTRY OF JUDGMENT (Small Claims)

INFORMATION AFTER JUDGMENT	INFORMACION DESPUES DEL FALLO DE LA CORTE
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Your small claims case has been decided. The **judgment** or decision of the court appears on the front of this sheet. The court may have ordered one party to pay money to the other party. The person (or business) who won the case and who can collect the money is called the **judgment creditor**. The person (or business) who lost the case and who owes the money is called the **judgment debtor**.

Enforcement of the judgment is postponed until the time for appeal ends or until the appeal is decided. This means that the judgment creditor cannot collect any money or take any action until this period is over. Generally, both parties may be represented by lawyers after judgment.

IF YOU LOST THE CASE . . .

1. If you lost the case on your own claim and the court did not award you any money, the court's decision on your claim is **FINAL**. You may not appeal your own claim.
2. If you lost the case and the court ordered you to pay money, your money and property may be taken to pay the claim unless you do one of the following things:

a. PAY THE JUDGMENT

The law requires you to pay the amount of the judgment. You may pay the judgment creditor directly, or pay the judgment to the court for an additional fee. You may also ask the court to order monthly payments you can afford. Ask the clerk for information about these procedures.

b. APPEAL

If you disagree with the court's decision, you may appeal the decision *on the other party's claim*. You may not appeal the decision on your own claim. However, if any party appeals, there will be a new trial on *all* the claims. If you appeared at the trial, you *must* begin your appeal by filing a form called a *Notice of Appeal* (form SC-140) and pay the required fees within 30 days after the date this *Notice of Entry of Judgment* was mailed or handed to you. Your appeal will be in the superior court. You will have a **new trial** and you must present your evidence again. You may be represented by a lawyer.

c. VACATE OR CANCEL THE JUDGMENT

If you did not go to the trial, you may ask the court to vacate or cancel the judgment. To make this request, you must file a *Motion to Vacate the Judgment* (form SC-135) and pay the required fee *within 30 days* after the date this *Notice of Entry of Judgment* was mailed. If your request is denied, you then have 10 days from the date the notice of denial was mailed to file an appeal. The period to file the *Motion to Vacate the Judgment* is 180 days if you were *not properly served* with the claim. The 180-day period begins on the date you found out or should have found out about the judgment against you.

IF YOU WON THE CASE . . .

1. If you were sued by the other party and you won the case, then the other party may not appeal the court's decision.
2. If you won the case and the court awarded you money, here are some steps you may take to collect your money or get possession of your property:

a. COLLECTING FEES AND INTEREST

Sometimes fees are charged for filing court papers or for serving the judgment debtor. These extra costs can become part of your original judgment. To claim these fees, ask the clerk for a *Memorandum of Costs*.

b. VOLUNTARY PAYMENT

Ask the judgment debtor to pay the money. If your claim was for possession of property, ask the judgment debtor to return the property to you. **THE COURT WILL NOT COLLECT THE MONEY OR ENFORCE THE JUDGMENT FOR YOU.**

c. STATEMENT OF ASSETS

If the judgment debtor does not pay the money, the law requires the debtor to fill out a form called the *Judgment Debtor's Statement of Assets* (form SC-133). This form will tell you what property the judgment debtor has that may be available to pay your claim. If the judgment debtor willfully fails to send you the completed form, you may file an *Application and Order to Produce Statement of Assets and to Appear for Examination* (form SC-134) and ask the court to give you your attorney's fees and expenses and other appropriate relief, after proper notice, under Code of Civil Procedure section 708.170.

d. ORDER OF EXAMINATION

You may also make the debtor come to court to answer questions about income and property. To do this, ask the clerk for an *Application and Order for Appearance and Examination (Enforcement of Judgment)* (form EJ-125) and pay the required fee. There is a fee if a law officer serves the order on the judgment debtor. You may also obtain the judgment debtors financial records. Ask the clerk for the *Small Claims Subpoena and Declaration* (form SC-107) or Civil *Subpoena Duces Tecum* (form 982 (a) (15.1)).

e. WRIT OF EXECUTION

After you find out about the judgment debtor's property, you may ask the court for a *Writ of Execution* (form EJ-1 30) and pay the required fee. A writ of execution is a court paper that tells a law officer to take property of the judgment debtor to pay your claim. Here are some examples of the kinds of property the officer may be able to take: **wages, bank account, automobile, business property, or rental income**. For some kinds of property, you may need to file other forms. See the law officer for information.

f. ABSTRACT OF JUDGMENT

The judgment debtor may own land or a house or other buildings. You may want to put a lien on the property so that you will be paid if the property is sold. You can get a lien by filing an *Abstract of Judgment* (form EJ-001) with the county recorder in the county where the property is located. The recorder will charge a fee for the *Abstract of Judgment*

NOTICE TO THE PARTY WHO WON: As soon as you have been paid in full, you *must* fill out the form below and mail it to the court *immediately* or you may be fined. If an *Abstract of Judgment* has been recorded, you must use another form; see the clerk for the proper form.

SMALL CLAIMS CASE NO.:

ACKNOWLEDGMENT OF SATISFACTION OF JUDGMENT (*Do not use this form if an Abstract of Judgment has been recorded.*)

To the Clerk of the Court:

I am the judgment creditor assignee of record.

I agree that the judgment in this action has been paid in full or otherwise satisfied.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE)