

CASE NAME:  _____	CASE NUMBER:  _____
-------------------------	---------------------------

**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth	Date of birth	Sex
--	----------------	---------------	-----

Period of residence	Present address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth	Date of birth	Sex
--	----------------	---------------	-----

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth	Date of birth	Sex
--	----------------	---------------	-----

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	