

SAMPLES

RESPOND TO DISSO, NO MINORS

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

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

FOR COURT USE ONLY

**YOUR NAME
YOUR ADDRESS**

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **SELF-REPRESENTED**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

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

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

MARRIAGE OF

PETITIONER: **YOUR HUSBAND/WIFE'S NAME**

RESPONDENT: **YOUR NAME**

RESPONSE and REQUEST FOR

Dissolution of Marriage

Legal Separation

Nullity of Marriage

CHECK APPROPRIATE BOX HERE

AMENDED

CASE NUMBER:

YOUR CASE NUMBER

1. RESIDENCE (Dissolution only) Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of the *Petition for Dissolution of Marriage*.

2. STATISTICAL FACTS

DATE YOU SEPARATED MINUS DATE YOU MARRIED.

a. Date of marriage: **DATE YOU MARRIED**

b. Date of separation: **DATE YOU SEPARATED**

c. Time from date of marriage to date of separation (specify):

Years:

Months:

3. DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):

a. There are no minor children.

b. The minor children are:

CHECK THE CORRECT BOX, IF YOU CHECK b COMPLETE THE SECTION BELOW ABOUT THE CHILD(REN).

Child's name
CHILD #1'S NAME
CHILD #2'S NAME
CHILD #3'S NAME

Birthdate
BIRTHDAY
BIRTHDAY
BIRTHDAY

Age
AGE
AGE
AGE

Sex
M/F
M/F
M/F

Continued on Attachment 3b.

c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.

d. A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY

Respondent requests that the assets and debts listed

in *Property Declaration* (form FL-160)

in Attachment 4

below be confirmed as separate property.

Item

LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS FROM BEFORE THE MARRIAGE OR AFTER THE DATE YOU SEPARATED HERE.

Confirm to

PUT THE NAME OF THE PERSON YOU WANT TO GET EACH OF THE ITEMS YOU LISTED.

ALSO LIST ANYTHING YOU OR YOUR SPOUSE HAVE INHERITED OR RECEIVED AS A GIFT AT ANY TIME.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

MARRIAGE OF (last name, first name of parties) :
YOUR HUSBAND/WIFE'S NAME
YOUR NAME

CASE NUMBER:
YOUR CASE NUMBER

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. There are no such assets or debts subject to disposition by the court in this proceeding.
- b. All such assets and debts are listed in *Property Declaration* (form FL-160) in Attachment 5b.
 below (specify): **SEE HANDOUT ABOUT COMMUNITY/SEPARATE PROPERTY FOR MORE ASSISTANCE.**
LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS YOU OR YOUR SPOUSE ACCRUED OR EARNED DURING THE MARRIAGE (INCLUDING HOUSE, CAR, 401(k), PENSION, DEBTS, FURNITURE) NO MATTER WHOSE NAME IT IS IN!

CHECK THE CORRECT BOX.

6. Respondent contends that the parties were never legally married.

7. Respondent denies the grounds set forth in item 6 of the petition.

8. Respondent requests **CHECK THE APPROPRIATE BOXES**

- a. dissolution of the marriage based on **←**
- (1) irreconcilable differences. (Fam. Code, § 2310(a).)
- (2) incurable insanity. (Fam. Code, § 2310(b).)
- b. legal separation of the parties based on
- (1) irreconcilable differences. (Fam. Code, § 2310(a).)
- (2) incurable insanity. (Fam. Code, § 2310(b).)
- c. nullity of void marriage based on
- (1) incestuous marriage. (Fam. Code, § 2200.)
- (2) bigamous marriage. (Fam. Code, § 2201.)
- d. nullity of voidable marriage based on
- (1) respondent's age at time of marriage. (Fam. Code, § 2210(a).)
- (2) prior existing marriage. (Fam. Code, § 2210(b).)
- (3) unsound mind. (Fam. Code, § 2210(c).)
- (4) fraud. (Fam. Code, § 2210(d).)
- (5) force. (Fam. Code, § 2210(e).)
- (6) physical incapacity. (Fam. Code, § 2210(f).)

9. Respondent requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to CHECK THESE BOXES IF YOU HAVE CHILDREN WITH YOUR HUSBAND/WIFE → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 9c. | | | | |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage. | | | | |
| e. Attorney fees and costs payable by | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Spousal support payable to (wage assignment will be issued) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. <input checked="" type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Petitioner. | | | | |
| h. <input checked="" type="checkbox"/> Property rights be determined. ← CHECK HERE IF YOU FILLED IN ITEM 4 OR 5b | | | | |
| i. <input checked="" type="checkbox"/> Respondent's former name be restored to (specify) : PUT YOUR MAIDEN NAME HERE IF YOU WANT IT BACK. | | | | |
| j. <input type="checkbox"/> Other (specify): | | | | |

NOTE: IF ANY OF THE MINOR CHILDREN YOU HAVE WITH YOUR SPOUSE WERE BORN BEFORE YOU WERE MARRIED, CHECK BOX 9d ABOVE.

Continued on Attachment 9j.

10. **Child support-** If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE _____
(TYPE OR PRINT NAME)

▶ SIGN YOUR NAME HERE _____
(SIGNATURE OF RESPONDENT)

Date: _____

▶ _____
(SIGNATURE OF ATTORNEY FOR RESPONDENT)

The original response must be filed in the court with proof of service of a copy on Petitioner.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: ASK STAFF TO STAMP MAILING ADDRESS: FORM WITH CORRECT CITY AND ZIP CODE: ADDRESS BRANCH NAME: _____	CASE NUMBER: YOUR COURT CASE NUMBER (If applicable, provide): _____ HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PETITIONER/PLAINTIFF: YOUR HUSBAND/WIFE'S NAME RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: _____	PROOF OF SERVICE BY MAIL

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
ADDRESS OF SERVER (PERSON WHO MAILED A FILED COPY OF YOUR FORMS TO YOUR SPOUSE)
3. I served a copy of the following documents (specify):
RESPONSE-MARRIAGE

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
 - a. Name of person served: **YOUR HUSBAND/WIFE'S NAME**
 - b. Address: **YOUR HUSBAND/WIFE'S ADDRESS**
 - c. Date mailed: **DATE SERVER MAILED YOUR FORMS TO YOUR HUSBAND/WIFE**
 - d. Place of mailing (city and state): **CITY AND STATE WHERE THE FORMS WERE PLACED IN THE MAIL**
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE SERVER SIGNS THIS FORM**

SERVER WILL PRINT HIS/HER NAME HERE _____
 (TYPE OR PRINT NAME)

SERVER WILL SIGN HIS/HER NAME HERE _____
 (SIGNATURE OF PERSON COMPLETING THIS FORM)