

SAMPLES

RESPOND TO DISSO, WITH MINORS

Rev. 8/27/2012

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

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

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: _____

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF ATTORNEY FOR RESPONDENT)

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

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

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

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

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

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

2. **Visitation.**

- a. Reasonable **violence** COMPLETE THIS SECTION WITH THE PARENTING SCHEDULE YOU WANT FOR THE PARENT THE CHILD DOESN'T USUALLY LIVE WITH involving domestic
- b. See the attached _____-page document dated *(specify date)*:
- c. The parties will go to mediation at *(specify location)*: Check box 2.c. IF you want the court to order you and the other party to go to Mediation to work out a parenting plan
- d. No visitation
- e. Visitation for the petitioner respondent will be as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

See Attachment 2e(4).

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

FILL OUT ITEM 3 IF IT APPLIES

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

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

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

FILL OUT ITEM 4 IF IT APPLIES

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

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

FILL OUT ITEM 5 IF IT APPLIES

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

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

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

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

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

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

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: YOUR ^(This section applies only to family law cases.) HUSBAND/WIFE'S NAME RESPONDENT: YOUR NAME OTHER PARTY: _____	
GUARDIANSHIP OF (Name): LEAVE BLANK Minor <small>(This section applies only to guardianship cases.)</small>	CASE NUMBER: LEAVE BLANK
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3. # OF CHILDREN YOU HAVE WITH THE OTHER PARTY
3. There are (specify number): # minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name CHILD #1'S NAME (OLDEST CHILD)	Place of birth FOR EXAMPLE: SAN JOSE, CA	Date of birth BIRTHDATE	Sex M OR F
Period of residence 1/05 to present	Address 123 MAPLE STREET <input type="checkbox"/> Confidential SAN JOSE, CA	Person child lived with (name and complete current address) JOHN SMITH <input type="checkbox"/> Confidential SAME ADDRESS	Relationship FATHER
3/00 to 1/05	Child's residence (City, State) 231 ELM STREET, MILPITAS, CA	Person child lived with (name and complete current address) SALLY DOE 543 OAK STREET, SAN JOSE, CA	MOTHER
to	ABOVE IS AN EXAMPLE OF HOW TO COMPLETE THIS FORM. THIS FORM ASKS YOU TO SHOW WHERE THE CHILD HAS LIVED FOR THE LAST 5 YEARS AND WHO HAS LIVED WITH THE CHILD. START WITH THE CHILD'S CURRENT ADDRESS AND WORK BACKWARDS FOR THE LAST 5 YEARS. IF YOU CAN'T REMEMBER OR DON'T KNOW THE EXACT ADDRESSES, PUT AS MUCH AS YOU KNOW.		
to			
b. Child's name CHILD #2'S NAME (NEXT OLDEST CHILD)	Place of birth FOR EXAMPLE: SAN JOSE, CA	Date of birth BIRTHDATE	Sex M OR F
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	IF THERE ARE MORE CHILDREN, FILL OUT ITEM 2 (AND ATTACHMENT FORM FL-105(A) IF THERE ARE 3 OR MORE CHILDREN). IF THE ADDITIONAL CHILDREN HAVE THE SAME ADDRESS INFORMATION AS THE OLDEST CHILD CHECK THE BOX IN ITEM B SAYING IT IS THE SAME. IF THE ADDRESS INFORMATION IS DIFFERENT THEN COMPLETE THE ENTIRE ADDRESS SECTION.		
to			
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: PETITIONER'S LAST NAME V. RESPONDENT'S LAST NAME	CASE NUMBER: LEAVE BLANK
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

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

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

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

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

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

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

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

a. Name and address of person	b. Name and address of person	c. Name and address of person
IF YOU THINK YOU SHOULD FILL OUT THIS AREA, CHECK WITH STAFF FIRST.		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

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

Date: TODAY'S DATE

PRINT YOUR NAME HERE _____
 (TYPE OR PRINT NAME)

▶ SIGN YOUR NAME HERE _____
 (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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

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 <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: ASK STAFF TO STAMP MAILING ADDRESS: FORM WITH CORRECT CITY AND ZIP CODE: ADDRESS BRANCH NAME: _____	CASE NUMBER: YOUR COURT CASE NUMBER <i>(If applicable, provide):</i> 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
UCCJEA
FL-311 Child Custody and Visitation Application Attachment

 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)