

SAMPLES

SUMMARY DISSOLUTION

Rev. 7/23/2013

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

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

YOUR NAME
YOUR ADDRESS

TELEPHONE NO.: YOUR PHONE NUMBER FAX NO. :
E-MAIL ADDRESS:
ATTORNEY FOR (Name): SELF-REPRESENTED

SAMPLE ONLY
Do not write on this copy!

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

ASK STAFF TO STAMP CORRECT COURTHOUSE ADDRESS HERE

MARRIAGE OR PARTNERSHIP OF
PETITIONER 1: PETITIONER 1'S NAME
PETITIONER 2: PETITIONER 2'S NAME

NOTE: IT DOES NOT MATTER WHICH SPOUSE/PARTNER IS LISTED AS PETITIONER 1 OR PETITIONER 2. HOWEVER, WHICHEVER ORDER YOU CHOOSE MUST BE FOLLOWED THROUGHOUT YOUR FORMS.

CHECK ONE

JOINT PETITION FOR SUMMARY DISSOLUTION OF MARRIAGE OR DOMESTIC PARTNERSHIP
 MARRIAGE DOMESTIC PARTNERSHIP

LEAVE BLANK

We petition for a summary dissolution of marriage, registered domestic partnership, or both and declare that all the following conditions exist on the date this petition is filed with the court:

- We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
- We were married on (date):
 - We registered as domestic partners on (date):
- We separated on (date):
- Less than five years have passed between the date of our marriage and/or registration of our domestic partnership and the date of our separation.
- One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing. Or we are only seeking to end a domestic partnership registered in California.
 - We are the same sex and we are residents of California but are not residents of California. Neither of us lives in a place that will allow us to divorce. We are filing this case in the county in which we married.
- There are no minor children of the marriage or domestic partnership or adopted by either of us during our marriage or domestic partnership.
- Neither of us has a dependent child (including a child of a dependent child) for whom we are the legal parent (including a legal parent by operation of law) or for whom we have legal custody (including custody by operation of law).
- Except for obligations of support arising from a community property marriage or domestic partnership, we owe no support to each other.
- The total fair market value of our community property (including community property in other states and countries) not including cars, is less than \$40,000.
- Neither of us has a net worth of more than \$40,000.
- We each have filed a declaration of disclosure of assets and debts.
- We have complied with the preliminary disclosure requirements as follows:
 - We each have disclosed information about the value and division of our property by filling out and giving each other copies of the documents listed in 1 or 2 below (specify):
 - The worksheets on pages 7, 9, and 11 of the *Summary Dissolution Information* booklet (form FL-810).
 - A *Declaration of Disclosure* (form FL-140), a *Schedule of Assets and Debts* (form FL-142), or *Property Declaration* (form FL-160), and all attachments to these forms.
 - We have told each other in writing about any investment, business, or other income-producing opportunities that came up after we were separated based on investments made or work done during the marriage or domestic partnership and before our separation.
 - We have exchanged all tax returns each of us has filed within the two years before disclosing the information described in 12a.

CHECK ONE AND FILL IN THE DATE IN THE FORMAT MONTH/DAY/YEAR

DATE YOU SEPARATED

CHECK ONE

READ STATEMENTS 6-11. ASK STAFF IF YOU THINK YOU DO NOT MEET THESE QUALIFICATIONS.

PETITIONER 1: PETITIONER 1'S NAME PETITIONER 2: PETITIONER 2'S NAME	CASE NUMBER: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">LEAVE BLANK</div>
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13. (Check whichever statement is true.)
- a. We have no community assets or liabilities.
- b. We have signed an agreement listing and dividing all our community assets and liabilities and have signed all the papers necessary to carry out our agreement. A copy of our agreement is attached to the *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825).

CHECK ONE

14. Irreconcilable differences have caused the irremediable breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court dissolve our marriage and/or domestic partnership without our appearing before a judge.

15. a. Petitioner 1 desires to have his or her former name restored. That name is (specify):
- b. Petitioner 2 desires to have his or her former name restored. That name is (specify):

**CHECK HERE IF EITHER PETITIONER
 WANTS TO RESTORE HIS/HER FORMER NAME.
 THEN WRITE HIS/HER FULL FORMER NAME HERE.**

16. We each give up our rights to appeal and to move for a new trial after the effective date of our *Judgment of Dissolution*.

17. Each of us forewaives our right to file a motion for relief from the judgment or for phone number occurring within six months from the date of entry of judgment or for contact information (form MC-040).

19. We are submitting the original and three copies of the proposed *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825) and two stamped envelopes together with this petition. One envelope is addressed to Petitioner 1 and the other to Petitioner 2.

20. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

<p>21. Mailing address of Petitioner 1</p> <p>Name: NAME OF PETITIONER 1</p> <p>Address: STREET ADDRESS OF PETITIONER 1</p> <p>City: CITY</p> <p>State: STATE</p> <p>Zip Code: ZIP CODE</p>	<p>22. Mailing address of Petitioner 2</p> <p>Name: NAME OF PETITIONER 2</p> <p>Address: STREET ADDRESS OF PETITIONER 1</p> <p>City: CITY</p> <p>State: STATE</p> <p>Zip Code: ZIP CODE</p>
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23. Number of pages attached: _____

**COUNT THE NUMBER OF PAGES ATTACHED AND
 WRITE THAT NUMBER HERE.**

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

and I declare that the foregoing is true and correct.

Date: TODAY'S DATE

Date: TODAY'S DATE

PETITIONER 1'S SIGNATURE

PETITIONER 2'S SIGNATURE

NOTICES

Your marriage and/or domestic partnership will end six months from the date of filing this joint petition. Both petitioners will receive a stamped copy from the court of the *Judgment of Dissolution and Notice of Entry of Judgment* (from FL-825) stating the effective date of your dissolution. Until the effective date specified on form FL-825 for the dissolution of your marriage and/or domestic partnership, either one of you can stop this joint petition by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830). If you stop this joint petition, you will STILL be married or in a domestic partnership.

Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or domestic partner or a court order. (See Fam. Code, §§ 231–235.)

PETITIONER 1: Pat PETITIONER 2: Chris	CASE NUMBER:
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VI. SAMPLE WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **separate property of one spouse/partner** cannot be more than \$38,000. The total fair market value of the **separate property of the other spouse/partner** cannot be more than \$38,000. Separate property is anything that either of you owned or earned before you got married or registered your domestic partnership, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage or domestic partnership. Do not include cars.

Note: The information on this form is for an imaginary couple, Pat and Chris, who are married. (When you fill out your worksheet, use your information.)

	Pat's Property— Fair Market Value	Chris's Property— Fair Market Value
A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.		
Item		
Credit union savings—Pat (before marriage)	420	
Savings bonds—Chris (bought before marriage)		250
Pension plan benefits—Pat (before marriage and after separation)	1500	
Pension plan benefits—Chris (before marriage and after separation)		1300
B. Items owned outright		
Item		
Clothes—Pat (bought before marriage)	350	
Stocks—Pat (birthday present from father)	375	
Furniture—Pat (owned before marriage)	460	
Camera—Chris (owned before marriage)		229
Wristwatch—Chris (bought after separation)		142
Clothes—Chris (bought after separation)		250
C. Items being bought on credit		
Item	Fair Market Value	Minus What's Owed
TV set—Pat (after separation)	400	350 =
Clothes—Pat (after separation)	220	170 =
		=
		=
		=
		=
		=
GRAND TOTALS: Pat and Chris SEPARATE PROPERTY		
	3205	2171

PETITIONER 1: Pat PETITIONER 2: Chris	CASE NUMBER:
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VI. SAMPLE WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

Note: The information on this form is for an imaginary couple, Pat and Chris, who are married. (When you fill out your worksheet, use your information.)

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$38,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.						
	Item	Amount		Pat Receives	Chris Receives	
	Savings account	150		150		
	Life insurance (cash value)	250		250		
	Pension plan—Pat	600		600		
	Pension plan—Chris	500			500	
	Checking account	180			180	
	Subtotal A	1680		1000	680	
B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)						
	Item	Fair Market Value		Pat Receives	Chris Receives	
	Furniture & furnishings— Pat's apartment	775		775		
	Furniture & furnishings—Chris's apartment	300			300	
	Terriers season tickets	285			285	
	Savings bonds	200		200		
	Jewelry—Pat	200		200		
	Pet parrot and cage	40			40	
	Subtotal B	1800		1175	625	
C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)						
	Item	Fair Market Value	Minus Amount Owed =	Net Fair Market Value	Pat Receives	Chris Receives
	Stereo set	305	150 =	155		155
	Color television	400	100 =	300		300
	Golf clubs	350	50 =	300		300
			=			
	Subtotal C			755	0	755
Grand total value of community property = A + B + C				4235	2175	2060

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

FOR COURT USE ONLY

YOUR NAME
YOUR ADDRESS

NOTE: EACH PARTY MUST COMPLETE FORM FL-150 AND GIVE A COPY OF IT TO THE OTHER PARTY.

SAMPLE ONLY
Do not write on this copy!

TELEPHONE NO.:

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: **Family**

ASK STAFF TO STAMP CORRECT COURTHOUSE ADDRESS HERE.

Petitioner 1: PETITIONER 1'S NAME

Petitioner 2: PETITIONER 2'S NAME

THE NAMES SHOULD MATCH THE PETITION.

INCOME AND EXPENSE DECLARATION

CASE NUMBER: **LEAVE BLANK**

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hour.
- h. I get paid \$ _____

COMPLETE THIS SECTION WITH INFORMATION ABOUT YOUR CURRENT JOB OR IF YOU ARE UNEMPLOYED, USE THE INFORMATION ABOUT THE LAST JOB YOU HAD. NOTE: THIS SECTION WILL ONLY BE BLANK IF YOU HAVE NEVER HAD A JOB.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): **YOUR AGE**
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

ANSWER THE QUESTIONS BELOW ABOUT YOUR EDUCATIONAL BACKGROUND.

3. Tax information

- a. I last filed taxes for tax year (specify year):
- b. My tax filing status is single head of household married, filing separately married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

WHAT YEAR DID YOU LAST FILE YOUR TAXES?

WHAT WAS YOUR FILING STATUS?

WHERE DID YOU FILE STATE TAXES?

HOW MANY EXEMPTIONS DO YOU CLAIM?

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

HOW MUCH DO YOU THINK THE OTHER PARTY MAKES PER MONTH? HOW DO YOU KNOW?

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

Petitioner 1: PETITIONER 1'S NAME
Petitioner 2: PETITIONER 2'S NAME

CASE NUMBER:

LEAVE BLANK

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$	\$
b. Overtime (gross, before taxes)	\$	\$
c. Commissions or bonuses	\$	\$
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	\$
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$	\$
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	\$
g. Pension/retirement fund payments	\$	\$
h. Social security retirement (not SSI)	\$	\$
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> private insurance.	\$	\$
j. Unemployment compensation	\$	\$
k. Workers' compensation	\$	\$
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$	\$

IN THE FIRST COLUMN FILL IN THE AMOUNT YOU MADE LAST MONTH.

IN THE SECOND COLUMN FILL IN THE AVERAGE AMOUNT YOU MADE OVER THE PAST 12 MONTHS.

Last month

Average monthly

COLUMN 1

COLUMN 2

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest \$

b. Rental property in **IF YOU HAVE ANY INVESTMENT INCOME COMPLETE THIS SECTION.** \$

c. Trust income \$

d. Other (specify) : \$

7. **Income from self-employment, after business expenses for all businesses** \$

I am the owner/sole proprietor business partner other (specify) :

Number of **IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION.**

Name of business (specify) :

Type of business (specify) :

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) : **CHECK BOX 8 IF YOU RECEIVED ANY ONE-TIME INCOME IN THE LAST 12 MONTHS.**

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) : **CHECK BOX 9 IF YOUR FINANCIAL SITUATION HAS CHANGED AND DESCRIBE WHAT CHANGED.**

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$
c. Medical, dental, vision, and health insurance IF YOU ARE EMPLOYED, COMPLETE THIS SECTION ABOUT YOUR PAYROLL DEDUCTIONS.	\$
d. Child support	\$
e. Spousal support	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, money orders, and deposit accounts COMPLETE THIS SECTION ABOUT ANY OTHER ASSETS YOU OWN.	\$
b. Stocks, bonds, and other securities	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$



PETITIONER 1:	PETITIONER 1'S NAME	CASE NUMBER: LEAVE BLANK
PETITIONER 2:	PETITIONER 2'S NAME	

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. LIST THE PEOPLE WHO LIVE WITH YOU	AGE	HOW DO YOU KNOW THEM?	HOW MUCH MONEY DO THEY MAKE PER MONTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

DO THEY HELP PAY HOUSEHOLD EXPENSES?

13. Average monthly expenses

Estimated expenses Actual expenses Proposed needs

- a. Home:
 - (1) Rent or mortgage \$ **400.00**
- h. Laundry and cleaning \$ **20.00**
- i. Clothes \$ **50.00**
- j. Education \$ _____
- k. Entertainment, gifts, and vacation \$ **100.00**
- l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ **50.00**
- m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____
- n. Savings and investments \$ _____
- o. Charitable contributions \$ _____
- p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ **200.00**
- q. Other (specify) : \$ _____
- r. **TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))** \$ **1,620.00**
- s. Amount of expenses paid by others \$ _____

THIS IS A SAMPLE OF HOW TO FILL IN THIS SECTION.

YOU WILL COMPLETE THIS SECTION WITH YOUR MONTHLY EXPENSES.

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
VISA	GENERAL PURCHASES	\$ 100.00	\$ 5,000.00	1/08
MACY'S	CLOTHING	\$ 100.00	\$ 4,000.00	1/08
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify) : \$
- b. The source of this money was (specify) :
- c. I still owe the following fees and costs to my attorney (specify total owed) : \$
- d. My attorney's hourly rate is (specify) : \$

ONLY COMPLETE THIS SECTION IF YOU HAVE/HAD AN ATTORNEY AND WANT THE OTHER PARTY TO PAY FOR YOUR LAWYER.

I confirm this fee arrangement.

Date: **DATE YOUR LAWYER SIGNS**

YOUR LAWYER PRINTS THEIR NAME HERE
(TYPE OR PRINT NAME OF ATTORNEY)

YOUR LAWYER SIGNS THEIR NAME HERE
(SIGNATURE OF ATTORNEY)

Petitioner 1: PETITIONER 1'S NAME	CASE NUMBER:	LEAVE BLANK
Petitioner 2: PETITIONER 2'S NAME		

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number) : _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.

LEAVE BLANK

NOTE: IF YOU HAVE MINOR CHILDREN WITH THE OTHER PERSON, YOU CANNOT USE THE SUMMARY DISSOLUTION FORMS. ASK STAFF FOR HELPING FILING A REGULAR DISSOLUTION CASE.

17.

- d. The monthly cost for the **children's** health insurance is or would be (specify) : \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs (specify below) : \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders) :

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
(2) Names and ages of those children (specify) :

(3) Child support I receive for those children \$ _____

The expenses listed in a, b and c create an extreme financial hardship because (explain) :

20. Other information I want the court to know concerning support in my case (specify) :

Marriage of: *Husband's Name and Wife Names*

Case Number: _____

Attachment 10 (b) to Joint Petition for Summary Dissolution

Sample Property Agreement

I. Preliminary Statement

We are *Husband's Name* , hereafter called Husband, and *Wife's Name* hereafter called Wife. We were married on *date you were married* and *separated on date you separated from one another*. Because irreconcilable differences have caused the permanent breakdown of our marriage, we have made this agreement together to settle once and for all what we owe each other and what we can expect from each other. Each of us states here that nothing has been held back, that we have honestly included everything we could think of in listing the money and goods that we own; each of us states here that we believe the other one has been open and honest in writing up this agreement. And each of us agrees to sign and exchange any papers that might be needed to complete this agreement.

Each of us also understands that even after a Joint Petition for Summary Dissolution is filed, this entire agreement will be cancelled if either of us revokes the Dissolution Proceeding.

II. Division of Community Property

We divide our community property as follows:

1. Husband transfers to Wife as her sole and separate property:

(List items given to Wife such as jewelry, furniture, accounts, vehicles, stocks, bonds, policies and plans etc.)

2. Wife transfers to Husband as his sole and separate property:

(List items given to Husband such as jewelry, furniture, accounts, vehicles, stocks, bonds, policies and plans etc.)

III. Division of Community Debts

1. Husband shall pay the following debts and will not at any time hold Wife responsible for them:

(List all debts Husband will pay.)

2. Wife shall pay the following debts and will not at any time hold Husband responsible for them:

(List all debts Wife will pay.)

IV. Waiver of Spousal Support

Each of us waives any claim for spousal support now and for all time.

V. Dated: *Husband will sign here*
(Husband will print name here)

Dated: *Wife will sign here*
(Wife will print name here)

***** SIGN WITH A NOTARY *****

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 FAMILY DIVISION	
DECLARATION OF RESIDENCE (For Family Law and Parentage Actions Only)	CASE NUMBER: LEAVE BLANK

This declaration must be filed with all new family law actions (including, but not limited to, dissolution, legal separation and nullity), and all new actions started under the Uniform Parentage Act (UPA) (including UPA actions filed simultaneously with a Domestic Violence Prevention Act case). Cases assigned to Department 101 (Domestic Violence Prevention Act that are not filed simultaneously with a UPA action, Civil Harassment, Elder Abuse, and Workplace Violence cases) and those filed by Department of Child Support Services (DCSS) are exempt from this requirement.

I am the Petitioner in this case and declare under penalty of perjury that (check one of the boxes labeled 1, 2 or 3):

1. I live in Santa Clara County, and my residence is currently located in the zip code area checked below.
 OR
 I do not live in Santa Clara County, but the Respondent lives in the County and his or her residence is currently located in the zip code area listed below.

CHECK ONE, ASK STAFF IF NEITHER ONE APPLIES

If either box is checked above, please

FIND THE CORRECT ZIP CODE AND CHECK THE CORRECT BOXES

- Central County - Courthouse**
- 95030 95033 95042 95101 95110 95111 95112 95113 95115 95116 95117
- 95118 95120 95121 95122 95123 95124 95125 95126 95127 95130 95131
- 95132 95133 95135 95136 95138 95139 95140 95148 95192 95193
- North County - Courthouse located at 605 W. El Camino Real, Sunnyvale, CA 94087**
- 94022 94024 94035 94040 94041 94043 94063 94085 94086 94087 94089
- 94301 94303 94304 94305 94306 95002 95008 95014 95032 95035 95050
- 95051 95053 95054 95070 95128 95129 95134
- South County - Courthouse located at 301 Diana Avenue, Morgan Hill, CA 95037**
- 95013 95020 95021 95037 95038 95046 95119 95141

OR
 2. Neither I nor Respondent currently resides in Santa Clara County.

OR
 3. I have registered my address as confidential with the Secretary of State's "Safe At Home" program and decline to provide the zip code for my residence.

Date: TODAY'S DATE

SIGN YOUR NAME HERE

 Signature of Petitioner



PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address): <hr/> 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 Santa Clara STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
MARRIAGE OR DOMESTIC PARTNERSHIP OF PETITIONER 1: _____ PETITIONER 2: _____	NOTE: NAMES SHOULD MATCH PETITION
JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP	CASE NUMBER: _____ <div style="border: 1px solid black; padding: 5px; display: inline-block;">LEAVE BLANK</div>

Use this form ONLY if the *Joint Petition for Summary Dissolution* (form FL-800) was filed after January 1, 2011. If the *Joint Petition for Summary Dissolution* was filed before January 1, 2011, use *Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment* (form FL-820) instead.

1. THE COURT ORDERS

- a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective (date): _____
- b. The former name of Petitioner 1 is restored (specify): _____
- c. The former name of Petitioner 2 is restored (specify): _____
- Both petitioners must comply with any agreement attached to this judgment.

COMPLETE ITEM 1b OR 1c IF PETITIONER 1 OR 2 WANTS TO RETURN TO HIS/HER FORMER NAME.

Date:

LEAVE BLANK

LEAVE BLANK

JUDICIAL OFFICER

NOTICE: Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse or domestic partner's will, trust, retirement benefit plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

NOTICE OF ENTRY OF JUDGMENT

2. You are notified that a judgment of dissolution of
- a. marriage
- b. domestic partnership
- was entered on (date): _____

CHECK ONE

Date:

LEAVE BLANK

 Clerk, by _____

LEAVE BLANK

 _____, Deputy

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

PETITIONER 1: PETITIONER 1'S NAME	CASE NUMBER: LEAVE BLANK
PETITIONER 2: PETITIONER 2'S NAME	

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution and Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (*place*): LEAVE BLANK

California,

on (*date*):

Date: LEAVE BLANK

Clerk, by LEAVE BLANK, Deputy

ADDRESS OF PETITIONER 1

PETITIONER 1'S NAME
 PETITIONER 1'S ADDRESS

ADDRESS OF PETITIONER 2

PETITIONER 2'S NAME
 PETITIONER 2'S ADDRESS