

SUPERIOR COURT OF CALIFORNIA County of Kings 1640 Kings County Drive, Hanford, CA 93230 (559) 582-1010

CUSTODY AND SUPPORT PACKET (Step 2 of 3)



Online Assistance: <u>www.courts.ca.gov/selfhelp.htm</u> The California Courts Self-Help Center

E-file California: https://www.kings.courts.ca.gov/online-services/online-case-filing

Kings County Superior Court: <u>www.kings.courts.ca.gov</u> Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET		
Proof of Service of Summons	Judicial Council Form FL-115	
Notice and Acknowledgment of Receipt	Judicial Council Form FL-117	
Filing Fee:	No filing fee required	

PARTY WITHOUT ATTORNEY OF ATTORNEY STATE BAR NO.:	FOR COURT USE ONLY			
NAME FIRM NAME				
STREET ADDRESS				
CITY STATE: ZIP CODE:				
TELEPHONE NO FAX NO.:				
E-MAIL ADDRESS				
ATTORNEY FOR (name)				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS				
MAILING ADDRESS				
CITY AND ZIP CODE				
PETITIONER:				
RESPONDENT:				
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:			
 At the time of service I was at least 18 years of age and not a party to this action. I ser Family Law: Petition—Marriage/Domestic Partnership (form FL-100), Summ Marriage/Domestic Partnership (form FL-120) -or- 	-			
 b. Uniform Parentage: Petition to Determine Parental Relationship (form <u>FL-200</u> Response to Petition to Determine Parental Relationship (form <u>FL-220</u>) –or–), <i>Summons</i> (form <u>FL-210</u>), and blank			
c. Custody and Support: Petition for Custody and Support of Minor Children (for blank Response to Petition for Custody and Support of Minor Children (form and				
Uniform Child Custody Jurisdiction and (Simp	eleted and blank <i>Financial Statement</i> <i>lified)</i> (form <u>FL-155)</u> eleted and blank <i>Property</i>			
	ration (form <u>FL-160</u>)			
	est for Order (form FL-300), and blank			
(3) Completed and blank Schedule of Assets Response	Declaration to Request for Order			
(4) Completed and blank <i>Income and</i> (8) Other <i>Expense Declaration</i> (form FL-150)	(specify):			
2. Address where respondent was served:				
3. I served the respondent by the following means (check proper boxes):				
a. Personal service. I personally delivered the copies to the respondent (Code	e Civ. Proc., § 415.10)			
on (date): at (time): b. Substituted service. I left the copies with or in the presence of (name):				
 (specify title or relationship to respondent): (1) (Business) a person at least 18 years of age who was apparently 	y in charge at the office or usual place of			
business of the respondent. I informed the person of the general	nature of the papers.			
 (2) (Home) a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers. on (date): at (time): 				
I thereafter mailed additional copies (by first class, postage prepaid) to the rest copies were left (Code Civ. Proc., § 415.20b) on (date):	spondent at the place where the			
A declaration of diligence is attached, stating the actions taken to first atten	npt personal service.			

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		FL-115		
	PETITIONER:	CASE NUMBER:		
	RESPONDENT:			
3.	 Mail and acknowledgment service. I mailed the copies to the respondent, a first-class mail, postage prepaid, on (date): (1) with two copies of the Notice and Acknowledgment of Receipt (form envelope addressed to me. (Attach completed Notice and Acknowledgment) 	from (city): FL-117) and a postage-paid return		
	 (Code Civ. Proc., § 415.30.) (2) to an address outside California (by registered or certified mail with return receipt or other evidence of actual delivery to the respondence) 			
	d. Other (specify code section):			
	Continued on <u>Attachment 3d</u> .			
4.	Person who served papers			
	Name:			
	Address:			
	Telephone number:			
	This person is			
	a. exempt from registration under Business and Professions Code section 2235	50 (b) .		
	 b not a registered California process server. c a registered California process server: an employee or an i 	ndependent contractor		
		ndependent contractor		
	(1) Registration no.:(2) County:			
	(3) The fee for service was (specify): \$			
5.	I declare under penalty of perjury under the laws of the State of California that the	e foregoing is true and correct.		
	-or-			
6.	I am a California sheriff, marshal, or constable, and I certify that the foregoing	is true and correct.		

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(NAME OF PERSON WHO SERVED PAPERS)

PARTY WITHOUT ATTORNEY OF ATTORNEY STATE BAR NO.:	FOR COURT USE ONLY				
NAME					
FIRM NAME:					
STREET ADDRESS					
CITY STATE: ZIP CODE:					
TELEPHONE NO FAX NO.:					
E-MAIL ADDRESS					
ATTORNEY FOR (name)					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF					
STREET ADDRESS					
MAILING ADDRESS					
CITY AND ZIP CODE					
BRANCH NAME	-				
PETITIONER:					
RESPONDENT:					
NOTICE AND ACKNOWLEDGMENT OF RECEIPT	CASE NUMBER:				
(Sender completes items 1 through 4 and signs before mailing. Recipient comple	tes items 5 and 6, signs, then returns)				
1. To (name of individual being served):					
NOTICE The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents. If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is not an answer to the action.					
If you do not agree with what is being requested, you must submit a completed Response	se form to the court within 30 calendar days.				
2. Date of mailing (specify):					
	OF SENDER-MUST NOT BE A PARTY IN THIS CASE				
(TYPE OR PRINT SENDER'S NAME) (SIGNATURE	AND MUST BE 18 YEARS OR OLDER)				
ACKNOWLEDGMENT OF RECEIPT					
4. Lagree Lreceived the following:					
a. Eamily Law: Petition-Marriage/Domestic Partnership (form FL-100), Summons (form FL-110), and blank Response-					
-					
c. Custody and Support: Petition for Custody and Support of Minor Children (form <u>FL-260</u>), Summons (form <u>FL-210</u>), and blank Response to Petition for Custody and Support of Minor Children (form <u>FL-270</u>)					
Child Custody Jurisdiction and Enforcement Act (S	ompleted and blank <i>Financial Statement</i> Simplified) (form <u>FL-155</u>)				
	ompleted and blank <i>Property Declaration</i> orm <u>FL-160</u>)				
	equest for Order (form <u>FL-300</u>), and blank esponsive Declaration to Request for Order				
$(5) \qquad \qquad Debts (form FL-142) $ (f	orm <u>FL-320</u>)				
(4) Completed and blank <i>Income and Expense</i> (8) O Declaration (form FL-150)	ther (<i>specify</i>):				
5. Recipient signed this acknowledgment on (specify date):					
5. Recipient signed this acknowledgment on (specify date):					
6. (TYPE OR PRINT NAME OF PERSON ACKNOWLEDGING RECEIPT) (SIGN	ATURE OF PERSON ACKNOWLEDGING RECEIPT)				
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