



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

PARENTAL RELATIONSHIP PACKET (Step 2 of 3)



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

E-file California: <https://california.tylerhost.net>

Kings County Superior Court: www.kings.courts.ca.gov

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 or ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a. Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
- or-
- b. Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)
- or-
- c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- and
- | | |
|---|---|
| d. <input type="checkbox"/> (1) <input type="checkbox"/> Completed and blank <i>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)</i> (form <u>FL-105</u>) | (5) <input type="checkbox"/> Completed and blank <i>Financial Statement (Simplified)</i> (form <u>FL-155</u>) |
| (2) <input type="checkbox"/> Completed and blank <i>Declaration of Disclosure</i> (form <u>FL-140</u>) | (6) <input type="checkbox"/> Completed and blank <i>Property Declaration</i> (form <u>FL-160</u>) |
| (3) <input type="checkbox"/> Completed and blank <i>Schedule of Assets and Debts</i> (form <u>FL-142</u>) | (7) <input type="checkbox"/> <i>Request for Order</i> (form <u>FL-300</u>), and blank <i>Responsive Declaration to Request for Order</i> (form <u>FL-320</u>) |
| (4) <input type="checkbox"/> Completed and blank <i>Income and Expense Declaration</i> (form <u>FL-150</u>) | (8) <input type="checkbox"/> Other (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 Civ. Proc., § 415.10) on (date): _____ at (time): _____

b. **Substituted service.** I left the copies with or in the presence of (name): _____

who is (specify title or relationship to respondent):

- (1) **(Business)** a person at least 18 years of age who was apparently 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 respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____

A declaration of diligence is attached, stating the actions taken to first attempt personal service.

PETITIONER: RESPONDENT:	CASE NUMBER:
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3. c. **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____
- (1) with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2) to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. **Other** (specify code section): _____
- Continued on Attachment 3d.

4. **Person who served papers**

Name:
 Address:

Telephone number:

This person is

- a. exempt from registration under Business and Professions Code section 22350(b).
- b. not a registered California process server.
- c. a registered California process server. an employee or an independent 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 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.

Date:

 (NAME OF PERSON WHO SERVED PAPERS)

▶

 (SIGNATURE OF PERSON WHO SERVED PAPERS)

PROOF OF SERVICE OF SUMMONS
 (Family Law—Uniform Parentage—Custody and Support)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form

Save this form

Clear this form

PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
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 completes 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* form to the court within 30 calendar days.

2. Date of mailing (specify): _____

3. _____
 (TYPE OR PRINT SENDER'S NAME)

 (SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 YEARS OR OLDER)

ACKNOWLEDGMENT OF RECEIPT

4. I agree I received the following:
- a. Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
 - b. Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)
 - c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
 - d.

<ul style="list-style-type: none"> (1) <input type="checkbox"/> Completed and blank <i>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)</i> (form FL-105) (2) <input type="checkbox"/> Completed and blank <i>Declaration of Disclosure</i> (form FL-140) (3) <input type="checkbox"/> Completed and blank <i>Schedule of Assets and Debts</i> (form FL-142) (4) <input type="checkbox"/> Completed and blank <i>Income and Expense Declaration</i> (form FL-150) 	<ul style="list-style-type: none"> (5) <input type="checkbox"/> Completed and blank <i>Financial Statement (Simplified)</i> (form FL-155) (6) <input type="checkbox"/> Completed and blank <i>Property Declaration</i> (form FL-160) (7) <input type="checkbox"/> <i>Request for Order</i> (form FL-300), and blank <i>Responsive Declaration to Request for Order</i> (form FL-320) (8) <input type="checkbox"/> Other (specify): _____
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5. Recipient signed this acknowledgment on (specify date): _____

6. _____
 (TYPE OR PRINT NAME OF PERSON ACKNOWLEDGING RECEIPT)

 (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)