



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

CUSTODY AND SUPPORT PACKET



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

Petition for Custody and Support of Minor Children	Judicial Council Form FL-260
If applicable, also complete and attach these forms to the Petition: <ul style="list-style-type: none"> • Child Custody and Visitation (Parenting Time) Application Attachment • Request for Child Abduction Prevention Orders • Children’s Holiday Schedule Attachment • Additional Provisions-Physical Custody Attachment • Joint Legal Custody Attachment 	Judicial Council Form FL-311 Judicial Council Form FL-312 Judicial Council Form FL-341(C) Judicial Council Form FL-341(D) Judicial Council Form FL-341(E)
Summons (Parentage-Custody and Support)	Judicial Council Form FL-210
Income and Expense Declaration	Judicial Council Form FL-150
Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) <ul style="list-style-type: none"> • Attachment to Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA). Please note: this form is only used when you have <i>more than two</i> children with the respondent 	Judicial Council Form FL-105 Judicial Council Form FL-105(A)
Proof of Service of Summons	Judicial Council Form FL-115
Filing Fee: <ul style="list-style-type: none"> • Petition for Custody and Support of Minor Children • Request for Order (when applicable) • Court Reporter Fee 	\$435.00 60.00 30.00

PARTY WITHOUT ATTORNEY OR ATTORNEY 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:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

1. I am the petitioner. The respondent and I are the parents of the following minor children:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

- a. I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. Respondent and I have legally adopted a child together.
- d. Respondent and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

3. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

4. **Child custody and visitation (parenting time).** I request the following orders:

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to: | <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. Visitation (parenting time) of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. If "Other" is checked above, name of the other person is (*specify*):

The proposed schedule for visitation (parenting time) is as follows:

See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

PETITIONER: RESPONDENT:	CASE NUMBER:
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4. e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.
- i. I request that visitation (parenting time) be supervised for the following persons, with the following restrictions:

Continued on Attachment 4i.

j. Other (*specify*):

5. Fees and cost of litigation

- a. Attorney's fees will be paid by petitioner respondent.
- b. Each party will pay their own attorney's fees.

6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

7. Other (*specify*):

8. I have read the restraining order on the back of the *Summons* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.

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

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PETITIONER)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with a copy of this Petition.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. **Supervised visitation (parenting time).**
- a. **If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.**
 - b. The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
 - c. I request that (*name*): _____ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
 - d. I request that the visitation (parenting time) be supervised by (*name*): _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (*specify*): _____
 - e. I request that any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent; other parent/party: _____ percent.
4. **Transportation for visitation (parenting time) and place of exchange.**
- a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
 - b. Transportation **to** begin the visits will be provided by (*name*): _____
 - c. Transportation **from** the visits will be provided by (*name*): _____
 - d. The exchange point at the beginning of the visit will be (*address*): _____
 - e. The exchange point at the end of the visit will be (*address*): _____
 - f. During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
 - g. Other (*specify*): _____
5. **Travel with children.** The petitioner respondent other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- 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 parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.
7. **Children's holiday schedule.** I request the holiday and vacation 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*): _____

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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REQUEST FOR CHILD ABDUCTION PREVENTION ORDERS

—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. Your name:

2. I request orders to prevent child abduction by (specify): Petitioner Respondent Other Parent/Party

3. I think that he or she might take the children without my permission to (check all that apply):

- a. another county in California (specify the county):
- b. another state (specify the state):
- c. a foreign country (specify the foreign country):
 - (1) He or she is a citizen of that country.
 - (2) He or she has family or emotional ties to that country (explain):

4. I think that he or she might take the children without my permission because he or she (check all that apply):

- a. has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
 Explain:

- b. does not have strong ties to California.
 Explain any work, financial, social, or family situation that makes it easy for the party to leave California.

- c. has recently done things that make it easy for him or her to take the children away without permission. He or she has (check all that apply):

<input type="checkbox"/> quit his or her job.	<input type="checkbox"/> sold his or her home.
<input type="checkbox"/> closed a bank account.	<input type="checkbox"/> ended a lease.
<input type="checkbox"/> sold or gotten rid of assets.	<input type="checkbox"/> hidden or destroyed documents.
<input type="checkbox"/> applied for a passport, birth certificate, or school or medical records.	
<input type="checkbox"/> Other (specify):	

- d. has a history of (check all that apply and explain your answers in the space provided in this section):

<input type="checkbox"/> domestic violence.	<input type="checkbox"/> child abuse.	<input type="checkbox"/> not cooperating with me in parenting.
<input type="checkbox"/> taking the children without my permission.		

 Explain your answers to item d.

- e. has a criminal record. Explain:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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I REQUEST THE FOLLOWING ORDERS AGAINST (specify): Petitioner Respondent Other Parent/Party

5. **Supervised Visitation (Parenting Time)**
 I ask the court to order supervised visitation (parenting time). I understand that the person I request to supervise the visits must meet the qualifications listed in *Declaration of Supervised Visitation Provider (form FL-324)*
 The specific terms are attached (check one): form FL-311 as follows:

6. **Post a Bond**
 I ask the court to order the posting of a bond for \$ _____. If the party takes the children without my permission, I can use this money to bring the children back.

7. **Do Not Move Without My Permission or Court Order**
 I ask for a court order preventing the party from moving with the children without my written permission or a court order.

8. **No Travel Without My Permission or Court Order**
 I ask for a court order preventing the party from traveling with the children outside (check all that apply):
 this county the United States
 California Other (specify): _____
 without my written permission or a court order.

9. **Notify Other State of Travel Restrictions**
 I ask the court to order the party to register this order in the state of _____ and provide the court with proof of the registration before the children can travel to that state for child visitation (parenting time).

10. **Turn In and Do Not Apply for Passports or Other Vital Documents**
 I ask for a court order (check all that apply):
 requiring the party to turn in all the children's passports and other documents (such as visas, birth certificates, and other documents used for travel) that are in his or her possession and control.
 preventing the party from applying for passports or other documents (such as visas or birth certificates) that can be used to travel with the children.

11. **Provide Itinerary and Other Travel Documents**
 If the party is allowed to travel with the children, I ask the court to order the party to give me before leaving (specify):
 the children's travel itinerary.
 copies of round-trip airline tickets.
 addresses and telephone numbers where the children can be reached at all times.
 an open airline ticket for me in case the children are not returned.
 other (specify): _____

12. **Notify Foreign Embassy or Consulate of Passport Restrictions**
 I ask the court to order the party to notify the embassy or consulate of _____ of this order and to provide the court with proof of that notification within _____ calendar days.

13. **Foreign Custody and Visitation (Parenting Time) Order**
 I ask the court to order the party to get a custody and visitation (parenting time) order in a foreign country equal to the most recent United States order before the children can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of that country.

14. **Other (specify):** _____

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

Date: _____



(SIGNATURE)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Visitation Order—Juvenile Other (*specify*):

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

Holidays	Times (from when to when) <i>(Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)</i>	Every Year <i>Petitioner/ Respondent/ Other Parent/Party</i>	Even Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>	Odd Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>
December 31 (New Year's Eve)				
January 1 (New Year's Day)				
Martin Luther King's Birthday (weekend)				
February 12 (Lincoln's Birthday)				
President's Day (Weekend)				
President's Week Recess, first half				
President's Week Recess, second half				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Summer Break:				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
November 11 (Veterans Day)				
Thanksgiving Day				
Thanksgiving weekend				
December/January School Break				
Child's birthday (<i>date</i>):				
Child's birthday (<i>date</i>):				
Child's birthday (<i>date</i>):				
Mother's birthday (<i>date</i>):				
Father's birthday (<i>date</i>):				
Other Parent's/Party's birthday (<i>date</i>):				
Breaks for year-round schools:				

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Custody Order—Juvenile—Final Judgment Other (specify):

The additional provisions to physical custody apply to (specify parties): Petitioner Respondent Other Parent/Party

1. **Notification of parties' current address.** Petitioner Respondent Other Parent/Party
 must notify all parties within (specify number): _____ days of any change in his or her
 - a. address for residence mailing work e-mail
 - b. telephone/message number at home cell phone work the children's schools

The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.

2. **Notification of proposed move of child.** Each party must notify the other (specify number): _____ days before any planned change in residence of the children. The notification must state, to the extent known, the planned address of the children, including the county and state of the new residence. The notification must be sent by certified mail, return receipt requested.

3. **Child care.**
 - a. The children must not be left alone without age-appropriate supervision.
 - b. The parties must let each other know the name, address, and phone number of the children's regular child-care providers.

4. **Right of first option of child care.** In the event any party requires child care for (specify number): _____ hours or more while the children are in his or her custody, the other party or parties must be given first opportunity, with as much prior notice as possible, to care for the children before other arrangements are made. Unless specifically agreed or ordered by the court, this order does not include regular child care needed when a party is working.

5. **Canceled visitation (parenting time).**
 - a. If the noncustodial party fails to arrive at the appointed time and fails to notify the custodial party that he or she will be late, then the custodial party need wait for only (specify number): _____ minutes before considering the visitation (parenting time) canceled.
 - b. If the noncustodial party is unable to exercise visitation (parenting time) on a given occasion, he or she must notify the custodial party (specify):
 at the earliest possible opportunity.
 Other (specify): _____
 - c. If the children are ill and unable to participate in the scheduled visitation (parenting time), the custodial party must give the noncustodial party (specify):
 as much notice as possible.
 A doctor's excuse.
 Other (specify): _____

6. **Phone contact between parties and children.**
 - a. The children may have telephone access to the parties and the parties may have telephone access to the children at reasonable times, for reasonable durations.
 - b. The custodial parent must make the child available for the following scheduled telephone contact (specify child's telephone contact with each party): _____

 - c. No party or any other third party may listen to, monitor, or interfere with the calls.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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7. **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.
8. **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).
9. **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.
10. **Alcohol or substance abuse.** The petitioner respondent other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within (*specify number*): _____ hours before or during periods of time with the children and may not permit any third party to do so in the presence of the children.
11. **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.
12. **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.
13. **Third-party contact.**
- a. The children will have no contact with (*specify name*): _____
- b. The children must not be left alone in the presence of (*specify name*): _____
14. **Children's clothing and belongings.**
- a. Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
- b. The children will be returned to the other party with the clothing and other belongings they had when they arrived.
15. **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.
16. **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.
17. **Other (*specify*):**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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JOINT LEGAL CUSTODY ATTACHMENT

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Custody Order—Juvenile—Final Judgment Other (*specify*):

NOTICE! In exercising joint legal custody, the parties may act alone, as long as the action does not conflict with any orders about the physical custody of the children. **Use this form only if you want to ask the court to make orders specifying when the consent of both parties is required to exercise legal control of the children and the consequences for failing to obtain mutual consent.**

1. The parties (*specify*): Petitioner Respondent Other Parent/Party will have joint legal custody of the children.
2. In exercising joint legal custody, the parties will share in the responsibility and discuss in good faith matters concerning the health, education, and welfare of the children. The parties must discuss and consent in making decisions on the following matters:
 - a. Enrollment in or leaving a particular private or public school or daycare center
 - b. Beginning or ending of psychiatric, psychological, or other mental health counseling or therapy
 - c. Participation in extracurricular activities
 - d. Selection of a doctor, dentist, or other health professional (except in emergency situations)
 - e. Participation in particular religious activities or institutions
 - f. Out-of-country or out-of-state travel
 - g. Other (*specify*):
3. **If a party does not obtain the consent of the other party to those items in 2, which are granted as court orders:**
 - a. He or she may be subject to civil or criminal penalties.
 - b. The court may change the legal and physical custody of the minor children.
 - c. Other consequences (*specify*):
4. **Special decision making designation and access to children's records**
 - a. The petitioner respondent other parent/party will be responsible for making decisions regarding the following issues (*specify*):
 - b. Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
5. **Health-care notification.**
 - a. Each party must notify the other of the name and address of each health practitioner who examines or treats the children; such notification must be made within (*specify number*): _____ days of the first treatment or examination.
 - b. Each party is authorized to take any and all actions necessary to protect the health and welfare of the children, including but not limited to consent to emergency surgical procedures or treatment. The party authorizing such emergency treatment must notify the other party as soon as possible of the emergency situation and of all procedures or treatment administered to the children.
 - c. The parties are required to administer any prescribed medications for the children.
6. **School notification.** Each party will be designated as a person the children's school will contact in the event of an emergency.
7. **Name.** The parties will not change the last name of the children or have a different name used on the children's medical, school, or other records without the written consent of the other party.
8. **Other (*specify*):**

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

You have been sued. Read the information below and on the next page.
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:

El nombre del demandante:

CASE NUMBER. (Número de caso)

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p><i>Tiene 30 días de calendario</i> después de haber recibido la entrega legal de esta Citación y Petición para presentar una <i>Respuesta</i> (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p><i>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</i></p>
<p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.</p>	<p><i>Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.</i></p>
<p>NOTICE: <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p>AVISO: <i>La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p>FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p>EXENCIÓN DE CUOTAS: <i>Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.</i></p>

[SEAL]

1. The name and address of the court are: *(El nombre y dirección de la corte son:)*
2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: *(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)*

Date (Fecha): _____ Clerk, by (Secretario, por) _____, Deputy (Asistente)

STANDARD RESTRAINING ORDER
 (Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
 (Paternidad—Custodia y Manutención)

Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.

Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes.

Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.

NOTICE—ACCESS TO AFFORDABLE HEALTH

INSURANCE Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURA DE SALUD MÁS

ECONOMICO Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: 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: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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 _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(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): _____
- 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): _____

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): _____

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): _____

(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: _____

_____ (TYPE OR PRINT NAME) ▶ _____ (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 <input type="checkbox"/> federally taxable*	\$ _____	\$ _____
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"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	\$ _____
j. Unemployment compensation.....	\$ _____	\$ _____
k. Workers' compensation.....	\$ _____	\$ _____
l. Other (military allowances, royalty payments) (specify):	\$ _____	\$ _____

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

a. Dividends/interest.....	\$ _____	
b. Rental property income.....	\$ _____	
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 years in this business (specify):

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):

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____
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, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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.				<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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p> If mortgage:</p> <p> (a) average principal: \$ _____</p> <p> (b) average interest: \$ _____</p> <p>(2) Real property taxes..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p>b. Health-care costs not paid by insurance..... \$ _____</p> <p>c. Child care..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash)..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail..... \$ _____</p>	<p>h. Laundry and cleaning..... \$ _____</p> <p>i. Clothes..... \$ _____</p> <p>j. Education..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)..... \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p>
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This information 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): _____

I confirm this fee arrangement.

Date:

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF DECLARANT)
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PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- 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 expense for the children in this case

	Amount per month
a. Childcare 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):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
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.
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	Place of birth	Date of birth	Sex
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	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<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	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
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: _____	CASE NUMBER: _____
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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						

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				

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):

<p>a. Name and address of person</p> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<p>b. Name and address of person</p> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<p>c. Name and address of person</p> <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:

_____ ▶ _____

(TYPE OR PRINT NAME) (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.

CASE NAME: _____	CASE NUMBER: _____
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence	Present address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

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)