

# MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

## DIVORCE, LEGAL SEPARATION or NULLITY PACKET

The attached forms can be used to seek a dissolution of marriage and/or domestic partnership [divorce], legal separation of marriage and/or domestic partnership [which allows the court to divide community property and make orders for custody or support] or an annulment [nullity] of a marriage and/or domestic partnership that was not valid due to one of several specific grounds. In order to seek a divorce in this county, you or the other party must have lived in California for at least the last six months and in Madera County for at least the last three months. NOTE: You may also use this packet to end a same-sex marriage that you entered in California if neither spouse is a resident of California and you both live in states or countries that will not end a same-sex marriage.

This packet includes the following forms: [FL-107-INFO](#) *Legal Steps for a Divorce or Legal Separation*, local form [MAD-CIV-010](#) *Confidential Declaration* (pursuant to local rule 5.1.36), [FL-110](#) *Summons*, [FL-100](#) *Petition-Marriage*, [FL-105](#) *UCCJEA* (complete ONLY if you have children with the other party), [FL-311](#) *Child Custody and Visitation (Parenting Time) Application Attachment* (complete ONLY if you have children and you're asking the court to make orders about custody and visitation), [FL-115](#) *Proof of Service of Summons*, [FL-140](#) *Declaration of Disclosure*, [FL-142](#) *Schedule of Assets and Debts*, [FL-150](#) *Income and Expense Declaration* and [FL-141](#) *Declaration Regarding Service of Declaration of Disclosure*. There is also form [FL-120](#) *Response*, and [FL-105](#) *UCCJEA* which are served blank with the above documents.

### 1. Fill out your forms

Fill out [MAD-CIV-010](#) *Confidential Declaration*, [FL-110](#) *Summons*, [FL-100](#) *Petition-Marriage*, [FL-311](#) *Child Custody and Visitation (Parenting Time) Application Attachment* (optional), [FL-105](#) *UCCJEA* (optional).

California law requires you to also complete your financial disclosures which include [FL-140](#) *Declaration of Disclosure*, [FL-142](#) *Schedule of Assets and Debts* and [FL-150](#) *Income and Expense Declaration*. You can provide your financial disclosures at the same time as your petition if you'd like, but NO later than 60 days after filing your petition. You do NOT file your *Disclosures* with the court. You DO need to file with the court [FL-141](#) *Declaration Regarding Service of Declaration of Disclosure*.

### 2. Have your forms reviewed

Ask the court's [family law facilitator/self-help center](#) (located on the 1<sup>st</sup> floor, Mon-Fri 8am-3pm) to review your paperwork. You can also hire your own lawyer to review your papers or to seek legal advice.

### 3. File your forms with the court clerk

We are pleased to offer eFiling, a way to electronically file your court documents! You can eFile documents 24 hours a day, 7 days a week through an approved Electronic Filing Service Provider (EFSP). A list of approved EFSPs can be found on the court's website. Here is the link: [https://www.madera.courts.ca.gov/system/files/general/list-approved-efsp-alpha-final\\_0.pdf](https://www.madera.courts.ca.gov/system/files/general/list-approved-efsp-alpha-final_0.pdf)

**Or** you can take your documents to the Civil Division (located on the 4<sup>th</sup> Floor). The clerk will return file stamped copies to you. You will have to pay a filing fee. If you cannot afford the fee, you can ask for [a fee waiver](#).

### 4. Serve your papers on your spouse

Have someone (NOT you), at least 18 years old, serve/give your spouse a copy of all your papers you filed (except any fee waiver) with a blank *Response* [FL-120](#), and a blank *UCCJEA* [FL-105](#) (ONLY if you have children). These blank forms are included in this packet. If you complete your disclosures, you can serve them and the blank forms.

### 5. File your Proof of Service

Have your server fill out a proof of service, [FL-115](#) *Proof of Service of Summons*, and give it to you so you can file it with the court. If possible, have your [family law facilitator/self-help center](#) review it to make sure it was filled out properly.

**You will need to prepare and file additional documents to get court orders or a judgment of divorce, legal separation or nullity. Your marriage and/or domestic partnership is NOT dissolved until there is a signed "Judgment" from the court.**

If you do not want to wait until your judgment to get orders for custody, visitation, support, or property control, you may want to complete, file and serve the "Request for Order" packet. The Request for Order is used to ask the court to set a hearing date and make orders.

# GET STARTED ON YOUR DOCUMENTS NOW!

You can begin the process from your phone, your computer at home, or one of the computers in the Self Help Center.

## This option is available for these case types:

- Divorce
- Request for and Response to Domestic Violence Restraining Order
- Guardianship
- Name Change
- Request for Order
- Parentage Petition and Response
- Civil Harassment Restraining Order Request and Response
- Elder Abuse Restraining Order Request and Response
- Eviction/Unlawful Detainer-Landlord/Tenant

## To get started:

- 1** Go to **www.sharpcourts.org** and click on the “**Online Resources**” tab.
- 2** Select the case type with which you need help.
- 3** We strongly recommend that you create an account so that you do not lose your work. You can note your username and password below. Keep this in a safe place!  
**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_
- 4** Fill out the prompts.
- 5** When finished click "**SAVE**", then have the Self Help Center review your paperwork. Their information is below.

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### Madera Family Law Facilitator / Self Help Center

200 South “G” Street, Madera, CA 93637

Mon-Fri: 8AM - 3PM

(559) 416-5520

facilitator@madera.courts.ca.gov



# FL-107-INFO Legal Steps for a Divorce or Legal Separation

## STEP 1. Start Your Case

- The **petitioner** (the person who files the first divorce or legal separation forms with the court) fills out and files with the court clerk at least a *Petition—Marriage/Domestic Partnership* (form FL-100) and a *Summons* (form FL-110) and, if there are children of the relationship, a *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105).
- The forms needed to start your case and information about filing fees and fee waivers are available at “Filing Your Case,” at [courts.ca.gov/filing](http://courts.ca.gov/filing).
- The court clerk will stamp and return copies of the filed forms to the **petitioner**.



## STEP 2. Serve the Forms

- **Someone 18 or older**—not the **petitioner**—serves the spouse or domestic partner (called the **respondent**) with all the forms from Step 1 plus a blank *Response—Marriage/Domestic Partnership* (form FL-120) and files with the court a proof-of-service form, such as *Proof of Service of Summons* (form FL-115), telling when and how the respondent was served. (To *serve* means “to give in the proper legal way.”) For more information, see “Serving Your First Set of Court Forms” at [courts.ca.gov/filing](http://courts.ca.gov/filing).
- The **respondent** has 30 days to file and serve a *Response*. So, the **petitioner** must wait 30 days before starting Step 4.



## STEP 3. Disclose Financial Information

- At the same time as Step 1 or within 60 days of filing the *Petition*, the **petitioner** must fill out and have these documents served on the **respondent**: *Declaration of Disclosure* (form FL-140), *Income and Expense Declaration* (form FL-150), *Schedule of Assets and Debts* (form FL-142) or *Property Declaration* (form FL-160), and all tax returns filed by the party in the two years before serving the disclosure documents. These disclosure documents are not filed with the court.
- If the **respondent** files a *Response*, he or she must also complete and serve the same disclosure documents on the **petitioner** within 60 days of filing the *Response*.
- The 60-day time frame for serving the disclosures may be changed by written agreement between the parties or by court order.
- The **petitioner** and **respondent** each file a *Declaration Regarding Service* (form FL-141) with the court saying disclosures were served. If the **respondent** does not serve disclosures, the **petitioner** can still finish the case without them. For more information, see “Fill Out and Serve Your Financial Declaration of Disclosure Forms” at [courts.ca.gov/filing](http://courts.ca.gov/filing) (click on Step 4).



## STEP 4. Finish the Divorce or Legal Separation Case in One of Four Ways



### Respondent does not file a *Response* (called “default”)



**No *Response* and NO written agreement:**  
Petitioner waits 30 days after Step 2 is complete and prepares a proposed *Judgment* (form FL-180), together with all other needed forms. See “True Default Case” at [courts.ca.gov/truedefault](http://courts.ca.gov/truedefault).

**No *Response* BUT written agreement:** Petitioner attaches the signed and notarized agreement to the proposed *Judgment* (form FL-180), together with all other needed forms. See “Default Case with Written Agreement” at [courts.ca.gov/defaultagree](http://courts.ca.gov/defaultagree).

### Respondent files a *Response*



***Response* AND written agreement:** Either party files *Appearance, Stipulations, and Waivers* (form FL-130) and the proposed *Judgment* with written agreement attached and other needed forms. See “Uncontested Case” at [courts.ca.gov/uncontested](http://courts.ca.gov/uncontested).

***Response* and NO agreement:** Parties must go to trial to have a judge resolve the issues. See “Contested Case” at [courts.ca.gov/contested](http://courts.ca.gov/contested).

## IMPORTANT NOTICES

- The earliest you can be divorced is six months and one day from one of these three dates (whichever occurs first): (1) the date Respondent was served with the *Summons* (form FL-110) and *Petition* (form FL-100), (2) the date the *Response* (form FL-120) was filed, or (3) the date *Appearance, Stipulations, and Waivers* (form FL-130) was filed. Legal separation has no waiting period. You are NOT divorced or legally separated until the court enters a *Judgment* in your case.
- If you need court orders for child support, custody, parenting time (visitation), spousal or partner support, restraining orders, or other issues, file a *Request for Order* (form FL-300) asking for temporary orders. See “Request for Order Information” at [courts.ca.gov/divorcerequests](http://courts.ca.gov/divorcerequests) for more information.
- Annulments: See [courts.ca.gov/annulment](http://courts.ca.gov/annulment) for information about annulments.
- You must keep the court and the other party informed of any change in your mailing address or other contact information. File and serve a *Notice of Change of Address or Other Contact Information* (form MC-040) on the other party or his or her attorney to let them know about the change in your contact information.

**Do you have a registered domestic partnership?** The process for a divorce or legal separation of a domestic partnership is the same as on page 1. For information about ending your domestic partnership in the superior court, see [courts.ca.gov/filing](http://courts.ca.gov/filing). To find out if you are eligible to end your domestic partnership through the Secretary of State, see [courts.ca.gov/summdissodp](http://courts.ca.gov/summdissodp). Note: There may be differences in federal taxes and other issues for domestic partnerships. Seek advice from an attorney experienced in domestic partner law.

**What if you want a legal separation?** The process on page 1 is the same, except you will **NOT** get a *Judgment* for legal separation unless both parties agree to a legal separation OR if **respondent** has not filed a *Response*. If both parties agree to be legally separated but do not agree on other issues, the parties must go to trial to have a judge resolve those issues. You are **NOT** legally separated until you receive a *Judgment* signed by the court. For more information, see “Legal Separation” at [courts.ca.gov/legalseparation](http://courts.ca.gov/legalseparation). **AFTER** the court enters a judgment for legal separation, if you decide you want a divorce, you must start a new case to request a divorce and pay another filing fee.

## Getting help to resolve divorce or legal separation cases

You may prefer to resolve some or all of the issues in your divorce or legal separation case without having the court decide for you. You and your spouse or domestic partner can put your agreement in writing and file it in your case. But your agreement must follow all legal requirements.

### Court Services

- **Family Law Facilitators and Self-Help Centers** help with court forms and instructions. They can provide samples of agreements and other information and, in some cases, help with mediation.
- **Family Court Services.** If you and the other parent already have a family law case and have filed a *Request for Order* (form FL-300) seeking orders about child custody and visitation (parenting time), the court will refer you to Family Court Services. They provide child custody mediation or child custody recommending counseling to try to help you both make a parenting plan that is in the best interest of your child. Note: They cannot help with financial issues.
- **Settlement Conferences.** An informal process in which a judge or an experienced lawyer meets with the parties and their lawyers to discuss the case and their positions and suggests a resolution. The parties can either agree to the suggestions or use the suggestions to help in further settlement discussions.

### Private services (which you can hire to help you resolve your case):

- **Lawyers.** Also called attorneys, lawyers can help work out agreements between the parties and represent you at court hearings and trials.
- **Collaborative Lawyers.** Lawyers who represent each party but do not go to court. They try to reach an agreement. If court is necessary, the parties must hire new lawyers.
- **Mediators.** A lawyer or counselor who helps the parties communicate to explore options and reach a mutually acceptable resolution.

### Where can I get help?

This information sheet gives you only basic information on the divorce or legal separation and is not legal advice. If you want legal advice, ask a lawyer for help. You may also:

- Contact the family law facilitator or self-help center in your court for information, court forms, and referrals to local legal resources. For more information, see [courts.ca.gov/courtresources](http://courts.ca.gov/courtresources).
- Find a lawyer through a certified lawyer referral service on the State Bar of California's website: [calbar.ca.gov/LRS](http://calbar.ca.gov/LRS) or by calling 866-442-2529 (toll-free).
- Hire a private mediator. For more information about court and private services, see [courts.ca.gov/selfhelp-adr.htm](http://courts.ca.gov/selfhelp-adr.htm).
- Find information on the California Courts Online Self-Help Center website: [courts.ca.gov/selfhelp](http://courts.ca.gov/selfhelp).
- Find free and low-cost legal help (if you qualify) at [lawhelpcalifornia.org](http://lawhelpcalifornia.org).
- Find information at your local law library or public library.

### What if there is domestic violence?

If there is domestic violence or a protective or restraining order, talk to a lawyer, counselor, or mediator before making agreements.

For domestic violence help, call the National Domestic Violence Hotline: 800-799-7233; TDD: 800-787-3224; or 211 (if available in your area).

FL-110

**SUMMONS (Family Law)**      **CITACIÓN (Derecho familiar)**

**NOTICE TO RESPONDENT (Name):** **1** [Redacted]  
**AVISO AL DEMANDADO (Nombre):** [Redacted]

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 is:** **2** [Redacted]  
**Nombre del demandante:** [Redacted]

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

|  |   |
|--|---|
| <p>You have <b>30 calendar days</b> after this Summons and Petition are served on you to file a Response (form FL-120) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p> <p>If you do not file your Response on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.</p> <p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (<a href="http://www.courts.ca.gov/selfhelp">www.courts.ca.gov/selfhelp</a>), at the California Legal Services website (<a href="http://www.lawhelp.org">www.lawhelp.org</a>), or by contacting your local county bar association.</p> | <p>Tiene <b>30 días de calendario</b> después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120) 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>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.</p> <p>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 (<a href="http://www.sucorte.ca.gov">www.sucorte.ca.gov</a>), en el sitio web de los Servicios Legales de California (<a href="http://www.lawhelp.org">www.lawhelp.org</a>) o poniéndose en contacto con el colegio de abogados de su condado.</p> |
| <p><b>NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:</b> These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.</p>   | <p><b>AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2:</b> Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se desdice la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.</p>   |
| <p><b>SEE WAIVER:</b> 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><b>EXENCIÓN DE CUOTAS:</b> 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.</p>   |

**1.** The name and address of the court are (El nombre y dirección de la corte son): **3** [Redacted]

**2.** The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son): **4** [Redacted]

Date (Fecha): [Redacted] Clerk, by (Secretario, por) **5** [Redacted], Deputy (Asistente)

Page 1 of 2

Form Adopted for Mandatory Use  
 Judicial Council of California  
 FL-110 (Rev. January 1, 2015)

**SUMMONS**  
(Family Law)

Family Code §§ 231, 233, 2024 T, 2040, 1100  
 Code of Civil Procedure §§ 412.20, 416.50–416.90  
[www.courts.ca.gov](http://www.courts.ca.gov)

## How to fill out SUMMONS (FL-110)

- DIRECTIONS:**
- Find a number on the sample form.
  - Example:
    - Go to the same number below to find out how to complete the form.
    - Type or print in blue or black ink.

- 1** Write the name of your spouse or domestic partner (called the respondent).
- 2** Write your name here.
- 3** If not filled out, write the Court's address. The address is: 200 South G Street, Madera, CA 93637.
- 4** Write in your name, address, city, state and zip code. Write your phone number.
- 5** Do not write here or date.

**STANDARD FAMILY LAW RESTRAINING ORDERS**

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

**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 towards high quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**WARNING—IMPORTANT INFORMATION**  
California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

**ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR**

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;
2. cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y
4. crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

**AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:**  
¿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 el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**ADVERTENCIA—INFORMACIÓN IMPORTANTE**  
De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

# How to fill out

## SUMMONS -page two-

*Note: There is nothing to fill out on this page. You should carefully read the information on this page.*

## How to fill out

# PETITION (FL-100)

### DIRECTIONS:

■ Find a number on the sample form.

Example:

■ Go to the same number below to find out how to fill out the form.

■ Type or print in blue or black ink.

The image shows a sample of the Petition (FL-100) form. It is divided into two main sections: 'PARTY WITHOUT ATTORNEY OR ATTORNEY' and 'FOR COURT USE ONLY'. The form includes fields for name, address, phone numbers, and court information. It also contains sections for 'LEGAL RELATIONSHIP', 'RESIDENCE REQUIREMENTS', 'STATISTICAL FACTS', and 'MINOR CHILDREN'. The form is annotated with numbered callouts (1-8) pointing to specific areas: 1. Party name and address; 2. Court name and address; 3. Petitioner and Respondent names; 4. Legal relationship options; 5. Legal relationship checkboxes; 6. Residence requirements checkboxes; 7. Statistical facts checkboxes; 8. Minor children section.

1 Write your name, address, city, state and zip. Write your phone number.

2 If not filled in for you, write "Madera" after COUNTY OF. The address is: 200 South G St., Madera, CA 93637. The Branch Name is: Civil Division.

3 Write your name after "Petitioner." Write the name of the other party after "Respondent".

4 Check the box indicating what you would like to do. "Dissolution" (divorce); "Legal Separation" which means you will divide your assets and debts, but the marriage will not end, or "Nullity" which would annul your marriage or domestic partnership. Then check the box to the right to state whether this is a Divorce, Legal Separation or Nullity of a **Marriage, Domestic Partnership or both**.

5 Check the box that applies to you.

6 Check the box that applies to you.

7 If you are married complete section 3(a). If you are domestic partners complete section 3(b).

8 If you have no children with the respondent, check box 4(a). If you and the respondent have children, check 4(b) and list their names, birthdates, ages, and if a male or female. If you need more space, check "Continued on Attachment 4b." Use another piece of paper and write Attachment 4b on the top. If the child has not been born yet check box 4(b)(2). Check box 4(d) if you and the other parent signed a voluntary declaration of paternity. Attach a copy if you have one.

*How to fill out*  
**PETITION (FL-100)**  
 -page two-

**DIRECTIONS:**

■ Find a number on the sample form.

Example:

■ Go to the same number below to find out how to fill out the form.

■ Type or print in blue or black ink.

The image shows a sample of the Florida Petition for Marriage or Domestic Partnership (Form FL-100). The form is titled 'PETITION—MARRIAGE/DOMESTIC PARTNERSHIP (Family Law)'. It includes sections for:
 

- 1**: Petitioner and Respondent information, and Case Number.
- 2**: Section 5, LEGAL GROUNDS, with options for Divorce or Legal separation, and grounds for nullity (irreconcilable differences, permanent legal incapacity, incest, bigamy, voidable marriage, etc.).
- 3**: Section 6, CHILD CUSTODY AND VISITATION (PARENTING TIME), with checkboxes for legal and physical custody, and child visitation, and a table for selecting the party (Petitioner, Respondent, Joint, Other).
- 4**: Section 7, CHILD SUPPORT, with options for support orders for minor children.
- 5**: Section 8, SPOUSAL OR DOMESTIC PARTNER SUPPORT, with options for support payable to Petitioner or Respondent, or to reserve for future determination.
- 6**: Section 9, SEPARATE PROPERTY, with options to confirm no assets/debts or to list them.

 The form also includes a footer with 'CEB Essential Forms' logo and 'Page 2 of 3'.

- 1** Write your name and the name of the respondent. Write your case number if you have one.
- 2** Check box 5(a) if you are requesting a divorce or legal separation. Check box (1) if your request is because you or the respondent no longer wish to be married or (2) because one party can no longer make any legal decisions. Check box (b) or (c) if you are requesting a nullity. Check the box that indicates the grounds for the nullity.
- 3** Check all boxes indicating what you want the court to decide, but only one box for each line: "Petitioner" (you), "Respondent" (the other party), "Joint" (both share), or "Other".
  - For 7(c), you can check either box if you want the other party to visit, you may check any of the boxes and attach any of the additional forms listed to set out the visitation schedule and restrictions OR check "in Attachment 6c (1)" (use another piece of paper and write Attachment 6c (1) at the top and write out the visitation schedule).
  - Check box 6(d) if you and the respondent had children together before your marriage or domestic partnership.
- 4** If you and the other party have children born or adopted, the court can make child support orders. Read this section.
- 5** If you plan to request spousal or domestic partner support check box 6(a) and "petitioner". If you never want to receive or pay support and your marriage or partnership is less than 10 years check box 6(b) and "petitioner" and "respondent". If you think you may want to bring up the issue at a later date you may "reserve" the issue. Check "petitioner" or "respondent".
- 6** Separate property is property you acquired before your marriage, after your separation or by gift or inheritance. Check 9(a) if there is no separate property. Check 9b if there is separate property and attach FL-160, your own document labeled "attachment 9b" or list below.



*How to fill out*  
**PETITION (FL-100)**  
-page three-

**DIRECTIONS:**

- Find a number on the sample form.  
Example
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.

The image shows a sample of the FL-100 Petition form. It includes fields for Petitioner and Respondent names, a case number field, and several sections for detailing community property, other requests, and legal acknowledgments. Numbered callouts (1-4) are placed on the form to indicate where to provide information: 1 points to the name fields, 2 points to the community property section, 3 points to the other requests section, and 4 points to the signature and date fields.

- 1 Write your name and the name of the respondent. Write your case number if you have one.
- 2 If you and the other party do not have any assets (property) or debts (money you owe) for the court to divide check box 10“a”. If you and the other party have assets or debts to divide, check box 10“b” and one of the boxes below. Check “in Property Declaration” and attach an FL-160 listing the property, list all property and debts you and your spouse got together during the marriage OR check “in Attachment 10b” (use another piece of paper and write Attachment 10b at the top) OR check “as follows” and list all of your community property/debt below.
- 3 Check 11“a” if you have attorney’s fees and check the box “petitioner” or “respondent” indicating who you want to pay those fees.  
Check 11“b” if you would like your former name back. Write your former name.  
Check 11“c” if you have any other requests and write your request.  
**Read #12**
- 4 Date, Print and sign your name.  
**Read “Notices” on the bottom of the form.**

*How to fill out*  
**DECLARATION UNDER  
 UNIFORM CHILD CUSTODY  
 Jurisdiction and  
 Enforcement Act  
 (FL-105/GC-120)**

**NOTE: If there are no minor children in your case, you do not need to complete this form.**

**DIRECTIONS:**

- ▶ Find the number on the sample form.  
*Example: 1*
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.

If you have a CASE NUMBER fill it in. If not known, leave it blank.

The image shows a sample form titled "DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)". The form is divided into several sections. At the top right, it says "FL-105/GC-120".

- 1** points to the filer's name and telephone number.
- 2** points to the Superior Court of California, County of Madera address.
- 3** points to the petitioner and respondent names.
- 4** points to a blank box for the guardian of the property.
- 5** points to a checkbox for domestic violence or child abuse.
- 6** points to the number of minor children.
- 7** points to the child's name.
- 8** points to the child's city and state.
- 9** points to the child's date of birth.
- 10** points to the child's sex.
- 11** points to the start and end dates of residence.
- 12** points to the city and state of residence.
- 13** points to the name and address of the person(s) the child lives with.
- 14** points to the relationship of the person(s) to the child.
- 15** points to a checkbox for "Resident information is the same..."
- 16** points to a checkbox for additional residence information.
- 17** points to a checkbox for additional children.

At the bottom of the form, it says "DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)".

- 1** Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
  - 2** If not filled in for you, print "Madera" after COUNTY OF. The address is: 200 South G St., Madera, CA 93637.
  - 3** Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
  - 4** Leave this box blank.
  - 5** If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items **12** & **13**.
  - 6** Fill in the number of minor children from this relationship (minor children – under age 18).
  - 7** For the oldest child, fill in the first and last name.
  - 8** Fill in the city and state where this child was born.
  - 9** Fill in the child's date of birth (MM/DD/YY).
  - 10** If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.
- For **11** through **14** give information from now to the past 5 years, working backward:*
- 11** The beginning and ending date the child lived at the address (from when to when at that address).
  - 12** For the dates you listed, print the city and state where the child lived.
  - 13** Name of person(s) (adult) the child lives or lived with and the physical addresses.
  - 14** Relationship means how the adult is related to the child. For example, mother or father.
  - 15** If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from **7** to **10**. If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from **11** to **14**.
  - 16** If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
  - 17** If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

FL-105/GC-120

18 Do you have information about, or have you participated as a party, or as a witness 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 order(s) 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 |
|--|-------------|-------------------------------|------------------------------|--------------------|-----------------------------|-------------|
| <input type="checkbox"/> Family                                      |             |                               |                              |                    |                             |             |
| <input type="checkbox"/> Juvenile Delinquency<br>Juvenile Dependency |             |                               |                              |                    |                             |             |
| <input type="checkbox"/> Other                                       |             |                               |                              |                    |                             |             |

19

| Proceeding   | Case number | Court (name, state, location) |
|--|-------------|-------------------------------|
| <input type="checkbox"/> Juvenile Delinquency<br>Juvenile Dependency |             |                               |
| <input type="checkbox"/> Adoption                                    |             |                               |

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

| Court  | County | State | Case number (if known) | Order(s) expire (date) |
|--|--------|-------|------------------------|------------------------|
| <input type="checkbox"/> Criminal                                    |        |       |                        |                        |
| <input type="checkbox"/> Family                                      |        |       |                        |                        |
| <input type="checkbox"/> Juvenile Delinquency<br>Juvenile Dependency |        |       |                        |                        |
| <input type="checkbox"/> Other                                       |        |       |                        |                        |

21

22  No  Yes (If yes, provide the following information.)

| A. Name and address of person  | B. Name and address of person  | C. Name and address of person  |
|--|--|--|
| <input type="checkbox"/> Has physical custody,<br>Claims custody rights,<br>Claims visitation rights<br>Name of each child | <input type="checkbox"/> Has physical custody,<br>Claims custody rights,<br>Claims visitation rights<br>Name of each child | <input type="checkbox"/> Has physical custody,<br>Claims custody rights,<br>Claims visitation rights<br>Name of each child |

23

24 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Date: \_\_\_\_\_

25 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.

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

## DECLARATION (FL-105/GC-120)

- Page two -

### DIRECTIONS:

- ▶ Find the number on the sample form.  
*Example:* 18
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

- 18 If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else), mark the "No" box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the "Yes" box.
- 19 If you check yes, mark the box next to the type of other case; the case number; the court's name, county, and state. Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.
- 20 If there is no current protective order (a restraining order) in effect, skip to 22. Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s).
- 21 If you checked this box, mark the box that describes the type of court that gave the restraining order and give the county, state, case number, and the date the orders expire.
- 22 If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the "No" box and skip to step 24.
- 23 If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the "yes" box. Then print that person's name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)'s name(s) involved in this case.
- 24 Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- 25 If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

FL-105(A)/GC-120(A)

|   |   |  |  |
|---|---|--|--|
| CASE NAME   |   | CASE NUMBER  |  |
| <b>ATTACHMENT TO<br/>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>  |   |  |  |
| <input type="checkbox"/> I declare that the child(ren) named herein are the child(ren) of the parties to this case and that I am the parent of the child(ren) named herein. |   |  |  |
| Child's Name<br>(Last, first, middle initial)<br>SSN  | <input checked="" type="checkbox"/> <b>Confidential</b><br><small>(I do not wish to disclose this information to the public.)</small> | <input type="checkbox"/> <b>Confidential</b><br><small>(I do not wish to disclose this information to the public.)</small> | Date of Birth<br>(MM/DD/YYYY)                                  |
| Child's Address<br>(Street, City, State, ZIP)   | Child's School<br>(Name, Address, City, State, ZIP)   | Child's Health Insurance<br>(Name, Address, City, State, ZIP)  | Child's Religion<br>(Name, Address, City, State, ZIP)          |
| Child's Medical History<br>(Name, Address, City, State, ZIP)  | Child's Special Needs<br>(Name, Address, City, State, ZIP)  | Child's Other Information<br>(Name, Address, City, State, ZIP)   | Child's Other Information<br>(Name, Address, City, State, ZIP) |
| <input type="checkbox"/> I declare that the child(ren) named herein are the child(ren) of the parties to this case and that I am the parent of the child(ren) named herein. |   |  |  |
| Child's Name<br>(Last, first, middle initial)<br>SSN  | <input checked="" type="checkbox"/> <b>Confidential</b><br><small>(I do not wish to disclose this information to the public.)</small> | <input type="checkbox"/> <b>Confidential</b><br><small>(I do not wish to disclose this information to the public.)</small> | Date of Birth<br>(MM/DD/YYYY)                                  |
| Child's Address<br>(Street, City, State, ZIP)   | Child's School<br>(Name, Address, City, State, ZIP)   | Child's Health Insurance<br>(Name, Address, City, State, ZIP)  | Child's Religion<br>(Name, Address, City, State, ZIP)          |
| Child's Medical History<br>(Name, Address, City, State, ZIP)  | Child's Special Needs<br>(Name, Address, City, State, ZIP)  | Child's Other Information<br>(Name, Address, City, State, ZIP)   | Child's Other Information<br>(Name, Address, City, State, ZIP) |
| <input type="checkbox"/> I declare that the child(ren) named herein are the child(ren) of the parties to this case and that I am the parent of the child(ren) named herein. |   |  |  |
| Child's Name<br>(Last, first, middle initial)<br>SSN  | <input checked="" type="checkbox"/> <b>Confidential</b><br><small>(I do not wish to disclose this information to the public.)</small> | <input type="checkbox"/> <b>Confidential</b><br><small>(I do not wish to disclose this information to the public.)</small> | Date of Birth<br>(MM/DD/YYYY)                                  |
| Child's Address<br>(Street, City, State, ZIP)   | Child's School<br>(Name, Address, City, State, ZIP)   | Child's Health Insurance<br>(Name, Address, City, State, ZIP)  | Child's Religion<br>(Name, Address, City, State, ZIP)          |
| Child's Medical History<br>(Name, Address, City, State, ZIP)  | Child's Special Needs<br>(Name, Address, City, State, ZIP)  | Child's Other Information<br>(Name, Address, City, State, ZIP)   | Child's Other Information<br>(Name, Address, City, State, ZIP) |

**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION  
AND ENFORCEMENT ACT (UCCJEA)**

*How to fill out the attachment to*  
**DECLARATION UNDER  
UNIFORM CHILD CUSTODY  
Jurisdiction and  
Enforcement Act  
(FL-105(A)/GC-120(A))**

**NOTE: Use this form only if you have more than two minor children in your case.**

**DIRECTIONS:**

- ▶ Find the number on the sample form.  
*Example:* ①
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

① Use this page if there are more than 2 children from **this** relationship. Fill out the same way you did for the first two children. Ask for more forms if needed.

**ACTUAL  
FORMS TO  
FILL OUT,  
PLEASE TYPE  
OR PRINT  
NEATLY IN  
BLACK or  
BLUE INK**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA**  
200 South G Street  
Madera, Ca 93637

**REQUEST FOR INTERPRETER SERVICES**

**CASE INFORMATION:**

Case Number(s): \_\_\_\_\_ Case Name: \_\_\_\_\_

**HEARING INFORMATION:**

Hrg. Type: \_\_\_\_\_ Hrg. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_

**INTERPRETER(S) NEEDED FOR THE FOLLOWING LANGUAGE:**

- |  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Spanish       | <input type="checkbox"/> Triqui*      | <input type="checkbox"/> Cambodian     | <input type="checkbox"/> Arabic       |
| <input type="checkbox"/> Mixteco*      | <input type="checkbox"/> Triqui Alto* | <input type="checkbox"/> Cantonese     | <input type="checkbox"/> Russian      |
| <input type="checkbox"/> Mixteco Alto* | <input type="checkbox"/> Triqui Bajo* | <input type="checkbox"/> Mandarin      | <input type="checkbox"/> Hmong        |
| <input type="checkbox"/> Mixteco Bajo* | <input type="checkbox"/> Punjabi      | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Lao          |
| <input type="checkbox"/> Zapoteco*     | <input type="checkbox"/> ASL          | <input type="checkbox"/> Vietnamese    | <input type="checkbox"/> Other: _____ |

\*For indigenous language, include state and town of origin: \_\_\_\_\_

**INTERPRETER NEEDED FOR:**  Plaintiff/Petitioner  Witness(es) \_\_\_\_\_ # of Witnesses  
 Defendant/Respondent Time Estimate: \_\_\_\_\_

**REQUESTING PARTY'S INFORMATION:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Please email this request to:**

[Interpreter.Madera@madera.courts.ca.gov](mailto:Interpreter.Madera@madera.courts.ca.gov)

or file it with the clerk's office

Please submit this form a minimum of two weeks in advance.

|  |   |
|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i><br><br>TELEPHONE NO: _____ FAX NO.: _____<br>E-MAIL ADDRESS <i>(optional)</i> : _____<br>ATTORNEY FOR <i>(Name)</i> : _____ | <b>FOR COURT USE ONLY</b><br><b>CONFIDENTIAL</b><br>Place in confidential part of the court file. |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>200 South G Street<br>Madera, California 93637<br>Civil Division  |   |
| PETITIONER: _____<br><br>RESPONDENT: _____   |   |
| <b>CONFIDENTIAL DECLARATION</b>  | CASE NUMBER: _____  |

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): \_\_\_\_\_

Address: \_\_\_\_\_

Alia (if any): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Female  Male  Need Interpreter If so, what language? \_\_\_\_\_

Respondent (name): \_\_\_\_\_

Address: \_\_\_\_\_

Alia (if any): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Female  Male  Need Interpreter If so, what language? \_\_\_\_\_

If self-represented, someone  did not  did assist me in completing my forms for compensation. *(if you paid someone for assistance, state below):*

Name of Document Preparer: \_\_\_\_\_

Address, city, and zip: \_\_\_\_\_

County of registration number *(if LDA)*: \_\_\_\_\_

*If prepared by an LDA, must complete local form MAD-CIV-019 Authorization for Non-Attorney Court Document Preparer.*

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)

**SUMMONS (Family Law)**

**CITACIÓN (Derecho familiar)**

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

**NOTICE TO RESPONDENT (Name):**  
**AVISO AL DEMANDADO (Nombre):**

**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 is:**  
**Nombre del demandante:**

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.

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](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local county bar association.

*Tiene 30 días de calendario* después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120) 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.

*Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.*

*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](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://www.lawhelpca.org)) o poniéndose en contacto con el colegio de abogados de su condado.*

**NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:**  
These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

**AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2:** Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

**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.

**EXENCIÓN DE CUOTAS:** 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.

[SEAL]

- The name and address of the court are (*El nombre y dirección de la corte son*):  
Madera Superior Court  
200 South G Street  
Madera, CA 93637  
Civil Division
- The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (*El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son*):

Date (*Fecha*):

Clerk , by (*Secretario, por*) \_\_\_\_\_ , Deputy (*Asistente*)



**STANDARD FAMILY LAW RESTRAINING ORDERS**

**Starting immediately, you and your spouse or domestic partner are restrained from:**

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

**ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR**

**En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:**

1. *llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;*
2. *cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);*
3. *transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y*
4. *crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.*

*Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.*

**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 towards high quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:**

¿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 el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**WARNING—IMPORTANT INFORMATION**

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

**ADVERTENCIA—INFORMACIÓN IMPORTANTE**

*De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.*

|   |                           |
|---|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): <b>In Pro Per</b>  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 South G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Civil Division</b>  |                           |
| PETITIONER:<br><br>RESPONDENT:  |                           |
| <b>PETITION FOR</b> <input type="checkbox"/> <b>AMENDED</b><br><input type="checkbox"/> <b>Dissolution (Divorce) of:</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership<br><input type="checkbox"/> <b>Legal Separation of:</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership<br><input type="checkbox"/> <b>Nullity of:</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership |                           |
| CASE NUMBER:  |                           |

1. **LEGAL RELATIONSHIP** (check all that apply):
  - a.  We are married.
  - b.  We are domestic partners and our domestic partnership was established in California.
  - c.  We are domestic partners and our domestic partnership was NOT established in California.
  
2. **RESIDENCE REQUIREMENTS** (check all that apply):
  - a.  Petitioner  Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
  - b.  Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
  - c.  We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.  
 Petitioner lives in (specify): \_\_\_\_\_ Respondent lives in (specify): \_\_\_\_\_
  
3. **STATISTICAL FACTS**
  - a.  (1) Date of marriage (specify): \_\_\_\_\_ (2) Date of separation (specify): \_\_\_\_\_  
 (3) Time from date of marriage to date of separation (specify): \_\_\_\_\_ Years \_\_\_\_\_ Months
  - b.  (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): \_\_\_\_\_  
 (2) Date of separation (specify): \_\_\_\_\_  
 (3) Time from date of registration of domestic partnership to date of separation (specify): \_\_\_\_\_ Years \_\_\_\_\_ Months
  
4. **MINOR CHILDREN**
  - a.  There are no minor children.
  - b.  The minor children are:
 

|                     |                  |            |
|---------------------|------------------|------------|
| <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
|---------------------|------------------|------------|

(1)  continued on Attachment 4b.                      (2)  a child who is not yet born.

- c. If any children listed above were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e.  Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

|                                |              |
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| PETITIONER:<br><br>RESPONDENT: | CASE NUMBER: |
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**Petitioner requests that the court make the following orders:**

**5. LEGAL GROUNDS** (Family Code sections 2200–2210, 2310–2312)

- a.  Divorce or  Legal separation of the marriage or domestic partnership based on (*check one*):
  - (1)  irreconcilable differences.      (2)  permanent legal incapacity to make decisions.
- b.  Nullity of void marriage or domestic partnership based on
  - (1)  incest.      (2)  bigamy.
- c.  Nullity of voidable marriage or domestic partnership based on
  - (1)  petitioner’s age at time of registration of domestic partnership or marriage.      (4)  fraud.
  - (2)  prior existing marriage or domestic partnership.      (5)  force.
  - (3)  unsound mind.      (6)  physical incapacity.

**6. CHILD CUSTODY AND VISITATION (PARENTING TIME)**

|  | 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. Child visitation (parenting time) be granted to .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in <input type="checkbox"/> form <u>FL-311</u> <input type="checkbox"/> form <u>FL-312</u> <input type="checkbox"/> form <u>FL-341(C)</u> |                          |                          |                          |                          |
| <input type="checkbox"/> form <u>FL-341(D)</u> <input type="checkbox"/> form <u>FL-341(E)</u> <input type="checkbox"/> Attachment <u>6c(1)</u>         |                          |                          |                          |                          |

**7. CHILD SUPPORT**

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d.  Other (*specify*):

**8. SPOUSAL OR DOMESTIC PARTNER SUPPORT**

- a.  Spousal or domestic partner support payable to  Petitioner       Respondent
- b.  Terminate (end) the court's ability to award support to  Petitioner       Respondent
- c.  Reserve for future determination the issue of support payable to  Petitioner       Respondent
- d.  Other (*specify*):

**9. SEPARATE PROPERTY**

- a.  There are no such assets or debts that I know of to be confirmed by the court.
  - b.  Confirm as separate property the assets and debts in  Property Declaration (form FL-160).       Attachment 9b.
- the following list.      Item      Confirm to

|                                |              |
|--------------------------------|--------------|
| PETITIONER:<br><br>RESPONDENT: | CASE NUMBER: |
|--------------------------------|--------------|

**10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**

- a.  There are no such assets or debts that I know of to be divided by the court.
- b.  Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
  - in *Property Declaration* (form FL-160)       in Attachment 10b.
  - as follows (*specify*):

**11. OTHER REQUESTS**

- a.  Attorney's fees and costs payable by  Petitioner       Respondent
- b.  Petitioner's former name be restored to (*specify*):
- c.  Other (*specify*):

Continued on Attachment 11c.

**12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY 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)

Date:

\_\_\_\_\_ ▶ \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

**FOR MORE INFORMATION:** Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at [www.familieschange.ca.gov](http://www.familieschange.ca.gov) — an online guide for parents and children going through divorce or separation.

**NOTICE:** You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

**NOTICE—CANCELLATION OF RIGHTS:** Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

|   |              |
|---|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
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**CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT**  
**—This is not a court order—**

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

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

| <u>Child's Name</u> | <u>Date of Birth</u> | <u>Legal Custody to</u><br><i>(person who decides about the child's health, education, and welfare)</i> | <u>Physical Custody to</u><br><i>(person the child regularly lives with)</i> |
|---------------------|----------------------|---|--|
|---------------------|----------------------|---|--|

b.  **Custody with allegations of a history of abuse or substance abuse**

- (1)  Petitioner  Respondent  Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2)  Petitioner  Respondent  Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3)  I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4)  Even though there are allegations, I ask that the court make the child custody orders in item 1a.  
*(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)*  
 Below:  Attachment 1b.  Other (specify):

2.  **Visitation (Parenting Time).**

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

- a.  Reasonable right of parenting time (visitation) to the party without physical custody **(not appropriate in cases involving domestic violence).**
- b.  See the attached \_\_\_\_\_ -page document dated *(specify date)*:
- c.  The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location)*:
- d.  No visitation (parenting time).



|   |              |
|---|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

e.  Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")

Petitioner's  Respondent's  Other Parent's/Party's parenting time (visitation) will be as follows:

(1)  Weekends starting (date):

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

1st  2nd  3rd  4th  5th weekend of the month  
 from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  
 (day of week) (time)  after school

(a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  
 other parent/party having the initial fifth weekend, which starts (date):

(b)  The  petitioner  respondent  other parent/party will have the fifth  
 weekend in  odd  even numbered months.

(2)  Alternate weekends starting (date):

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  
 (day of week) (time)  after school

(3)  Weekdays starting (date):

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  
 (day of week) (time)  after school

(4)  Other visitation (parenting time) days and restrictions are:  listed in Attachment 2e(4)  
 as follows:

3.  Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns

a.  Supervised visitation (parenting time)

(1) I ask that  petitioner  respondent  other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

(a)  Domestic violence, child abuse, or neglect.

(b)  Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(c)  Other parenting concerns (specify below):

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below  in Attachment 3a(2)  Other (specify):

|   |              |
|---|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

- (3) I ask for the following orders about the supervised visitation provider:
- (a) Visitation (parenting time) be monitored by (*name, if known*):
    - (i)  The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.
    - (ii)  The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.
    - (iii) The provider's phone number is (*specify*):
  - (b) Any costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent.  
 other parent/party: \_\_\_\_\_ percent.

b.  **Unsupervised visitation (parenting time)**

(*Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.*)

- (1)  Petitioner  Respondent  Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2)  Petitioner  Respondent  Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (*specify*):  Petitioner  Respondent  Other parent/party
- (4) The reasons why the court should make the orders are (*specify*):  
*(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)*  
 Below:  in Attachment 3b.  Other (*specify*):

- (5) *The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.*

4.  **Transportation for visitation (parenting time) and place of exchange.**

*Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).*

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- 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 the home (or exchange location) while the children go between the car and the home (or exchange location).
- g.  Other (*specify*):

|   |              |
|---|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

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  below  on form FL-341(C)

8.  **Additional custody provisions.** I request the additional orders for custody set out  below  on form FL-341(D)

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

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



|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): <b>In Pro Per</b> | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 South G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Civil Division</b>    |                           |
| (This section applies only to family law cases.)<br>PETITIONER:<br>RESPONDENT:<br>OTHER PARTY:  |                           |
| (This section applies only to guardianship cases.)<br>GUARDIANSHIP OF (Name): _____ Minor   | CASE NUMBER: _____        |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>  |                           |

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<br>to present  | Address<br><input type="checkbox"/> Confidential | Person child lived with (name and complete current address)<br><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<br>to present  | Address<br><input type="checkbox"/> Confidential | Person child lived with (name and complete current address)<br><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.) Page 1 of 2

|                      |                      |
|----------------------|----------------------|
| SHORT TITLE:<br><br> | CASE NUMBER:<br><br> |
|----------------------|----------------------|

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

| Proceeding   | Case Number | Court <i>(name, state, location)</i> |
|--|-------------|--------------------------------------|
| d. <input type="checkbox"/> Juvenile Delinquency/<br>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 <i>(if known)</i> | Orders expire <i>(date)</i> |
|--|--------|-------|-------------------------------|-----------------------------|
| a. <input type="checkbox"/> Criminal                                     |        |       |                               |                             |
| b. <input type="checkbox"/> Family                                       |        |       |                               |                             |
| c. <input type="checkbox"/> Juvenile Delinquency/<br>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):

|   |   |   |
|---|---|---|
| a. Name and address of person<br><br><br><input type="checkbox"/> Has physical custody<br><input type="checkbox"/> Claims custody rights<br><input type="checkbox"/> Claims visitation rights<br>Name of each child | b. Name and address of person<br><br><br><input type="checkbox"/> Has physical custody<br><input type="checkbox"/> Claims custody rights<br><input type="checkbox"/> Claims visitation rights<br>Name of each child | c. Name and address of person<br><br><br><input type="checkbox"/> Has physical custody<br><input type="checkbox"/> Claims custody rights<br><input type="checkbox"/> Claims visitation rights<br>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.**

|   |                                      |  |                                       |                                      |                                       |                                |              |
|---|--------------------------------------|--|---------------------------------------|--------------------------------------|---------------------------------------|--------------------------------|--------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):<br><br><br><br>TELEPHONE NO.: _____ FAX NO.: _____<br>E-MAIL ADDRESS: _____<br>ATTORNEY FOR ( <i>Name</i> ): <b>In Pro Per</b>   |                                      |  |                                       |                                      |                                       |                                |              |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 South G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Civil Division</b>  |                                      |  |                                       |                                      |                                       |                                |              |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY:   |                                      |  |                                       |                                      |                                       |                                |              |
| <table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;"><b>DECLARATION OF DISCLOSURE</b></td> </tr> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Petitioner's</td> <td style="width:50%; border: none;"><input type="checkbox"/> Preliminary</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Respondent's</td> <td style="border: none;"><input type="checkbox"/> Final</td> </tr> </table> | <b>DECLARATION OF DISCLOSURE</b>     |  | <input type="checkbox"/> Petitioner's | <input type="checkbox"/> Preliminary | <input type="checkbox"/> Respondent's | <input type="checkbox"/> Final | CASE NUMBER: |
| <b>DECLARATION OF DISCLOSURE</b>  |                                      |  |                                       |                                      |                                       |                                |              |
| <input type="checkbox"/> Petitioner's   | <input type="checkbox"/> Preliminary |  |                                       |                                      |                                       |                                |              |
| <input type="checkbox"/> Respondent's   | <input type="checkbox"/> Final       |  |                                       |                                      |                                       |                                |              |

**DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT**

*In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).*

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

*The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).*

**Attached are the following:**

1.  A completed *Schedule of Assets and Debts* (form FL-142) or  A *Property Declaration* (form FL-160) for (*specify*):  
 Community and Quasi-Community Property     Separate Property.
2.  A completed *Income and Expense Declaration* (form FL-150).
3.  All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4.  A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5.  A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6.  An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

# THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

|  |                |
|--|----------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):  | TELEPHONE NO.: |
|  |                |
| ATTORNEY FOR ( <i>Name</i> ): <b>In Pro Per</b>  |                |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b>  |                |
| PETITIONER:  |                |
| RESPONDENT:  |                |
| <b>SCHEDULE OF ASSETS AND DEBTS</b><br><input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's | CASE NUMBER:   |

**- INSTRUCTIONS -**

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

| ITEM NO. | ASSETS DESCRIPTION   | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|--|-----------|---------------|---------------------------------|-------------------------------------|
| 1.       | REAL ESTATE ( <i>Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.</i> ) |           |               | \$                              | \$                                  |
| 2.       | HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES ( <i>Identify.</i> )  |           |               |                                 |                                     |
| 3.       | JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. ( <i>Identify.</i> )  |           |               |                                 |                                     |

| ITEM NO. | ASSETS DESCRIPTION  | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|---|-----------|---------------|---------------------------------|-------------------------------------|
| 4.       | VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>  |           |               | \$                              | \$                                  |
| 5.       | SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>                |           |               |                                 |                                     |
| 6.       | CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>                    |           |               |                                 |                                     |
| 7.       | CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> |           |               |                                 |                                     |
| 8.       | CASH <i>(Give location.)</i>  |           |               |                                 |                                     |
| 9.       | TAX REFUND  |           |               |                                 |                                     |
| 10.      | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>                |           |               |                                 |                                     |


| ITEM NO.   | ASSETS DESCRIPTION | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|--|--------------------|-----------|---------------|---------------------------------|-------------------------------------|
| 11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS<br><i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i> |                    |           |               | \$                              | \$                                  |
| 12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>                                    |                    |           |               |                                 |                                     |
| 13. PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>   |                    |           |               |                                 |                                     |
| 14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>  |                    |           |               |                                 |                                     |
| 15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS<br><i>(Attach copy of most current K-1 form and Schedule C.)</i>                                     |                    |           |               |                                 |                                     |
| 16. OTHER ASSETS   |                    |           |               |                                 |                                     |
| 17. TOTAL ASSETS FROM CONTINUATION SHEET   |                    |           |               |                                 |                                     |
| 18. TOTAL ASSETS   |                    |           |               | \$ 0.00                         | \$ 0.00                             |

| ITEM NO.  | DEBTS-SHOW TO WHOM OWED | SEP. PROP | TOTAL OWING | DATE INCURRED |
|---|-------------------------|-----------|-------------|---------------|
| 19. STUDENT LOANS <i>(Give details.)</i>  |                         |           | \$          |               |
| 20. TAXES <i>(Give details.)</i>  |                         |           |             |               |
| 21. SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>   |                         |           |             |               |
| 22. LOANS - UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>                  |                         |           |             |               |
| 23. CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i> |                         |           |             |               |
| 24. OTHER DEBTS <i>(Specify):</i>   |                         |           |             |               |
| 25. TOTAL DEBTS FROM CONTINUATION SHEET   |                         |           |             |               |
| 26. TOTAL DEBTS   |                         |           | \$ 0.00     |               |

27.  *(Specify number):* \_\_\_\_\_ pages are attached as continuation sheets.

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)

|  |                           |
|--|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): <b>In Pro Per</b>       | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 South G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Civil Division</b> |                           |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT:   |                           |
| <b>INCOME AND EXPENSE DECLARATION</b>  | 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:<br>b. Employer's address:<br>c. Employer's phone number:<br>d. Occupation:<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> 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:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**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:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**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

- |  |   |
|--|---|
| a. Home: <ul style="list-style-type: none"> <li>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage .....\$ _____</li> <li style="padding-left: 20px;">If mortgage:</li> <li style="padding-left: 40px;">(a) average principal:       \$ _____</li> <li style="padding-left: 40px;">(b) average interest:       \$ _____</li> <li>(2) Real property taxes .....\$ _____</li> <li>(3) Homeowner's or renter's insurance<br/>    (if not included above) .....\$ _____</li> <li>(4) Maintenance and repair .....\$ _____</li> </ul> b. Health-care costs not paid by insurance ...\$ _____ <li>c. Child care .....\$ _____</li> <li>d. Groceries and household supplies .....\$ _____</li> <li>e. Eating out .....\$ _____</li> <li>f. Utilities (gas, electric, water, trash) .....\$ _____</li> <li>g. Telephone, cell phone, and e-mail .....\$ _____</li> | h. Laundry and cleaning .....\$ _____ <li>i. Clothes .....\$ _____</li> <li>j. Education .....\$ _____</li> <li>k. Entertainment, gifts, and vacation .....\$ _____</li> <li>l. Auto expenses and transportation<br/>    (insurance, gas, repairs, bus, etc.) .....\$ _____</li> <li>m. Insurance (life, accident, etc.; do not include<br/>    auto, home, or health insurance) .....\$ _____</li> <li>n. Savings and investments .....\$ _____</li> <li>o. Charitable contributions .....\$ _____</li> <li>p. Monthly payments listed in item 14<br/>    (itemize below in 14 and insert total here) \$ _____ <b>0.00</b></li> <li>q. Other (specify): .....\$ _____</li> |
|--|---|

|   |                      |
|---|----------------------|
| r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) | \$ _____ <b>0.00</b> |
|---|----------------------|

s. **Amount of expenses paid by others**      \$ \_\_\_\_\_

**14. Installment payments and debts not listed above**

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

**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): \_\_\_\_\_

I confirm this fee arrangement.

Date:

---

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF DECLARANT)

|  |              |
|--|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**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 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)*:**

|  |                                      |              |
|--|--------------------------------------|--------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):                            |                                      |              |
| TELEPHONE NO.:   | FAX NO.:                             |              |
| E-MAIL ADDRESS:  |                                      |              |
| ATTORNEY FOR (Name): <b>In Pro Per</b>   |                                      |              |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b>  |                                      |              |
| STREET ADDRESS:  | <b>200 South G Street</b>            |              |
| MAILING ADDRESS:   | <b>same</b>                          |              |
| CITY AND ZIP CODE:   | <b>Madera, CA 93637</b>              |              |
| BRANCH NAME:   | <b>Civil Division</b>                |              |
| PETITIONER:  |                                      | CASE NUMBER: |
| RESPONDENT:  |                                      |              |
| OTHER PARENT/PARTY:  |                                      |              |
| <b>DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b> |                                      |              |
| <input type="checkbox"/> Petitioner's  | <input type="checkbox"/> Preliminary |              |
| <input type="checkbox"/> Respondent's  | <input type="checkbox"/> Final       |              |

1. I am the  attorney for  petitioner  respondent in this matter.
2.  Petitioner's  Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current\* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
  - the other party  the other party's attorney by  personal service  mail
  - Other (specify):
 on (date):
3.  Petitioner's  Respondent's *Final Declaration of Disclosure* (form FL-140), current\* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
  - the other party  other party's attorney by  personal service  mail
  - Other (specify):
 on (date):
4.  Service of  Petitioner's  Respondent's  preliminary  final declaration of disclosure  current income and expense declaration has been waived as follows:
  - a.  The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). (Form FL-144 may be used for this purpose.) The waiver  was filed on (date):  is being filed at the same time as this form.
  - b.  The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
  - c.  This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

\*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

NOTE: File this document with the court.  
Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

|   |                           |
|---|---------------------------|
| PARTY WITHOUT ATTORNEY <i>or</i> ATTORNEY<br>STATE BAR NO.:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): <b>In Pro Per</b> | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 South G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Civil Division</b>  |                           |
| PETITIONER:<br><br>RESPONDENT:  |                           |
| <b>PROOF OF SERVICE OF SUMMONS</b>  | 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.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
  - (2)  Completed and blank *Declaration of Disclosure* (form FL-140)
  - (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142)
  - (4)  Completed and blank *Income and Expense Declaration* (form FL-150)
  - (5)  Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (6)  Completed and blank *Property Declaration* (form FL-160)
  - (7)  *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
  - (8)  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 him or her 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:<br><br>RESPONDENT: | CASE NUMBER: |
|--------------------------------|--------------|

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: \_\_\_\_\_
- d. **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)



## DO NOT

WRITE ON THE FOLLOWING BLANK FORMS!

THESE BLANK FORMS

MUST BE SERVED ON THE

OTHER PARTY,

SO THAT THE OTHER PARTY MAY  
RESPOND TO THIS ACTION.

ALONG WITH THE BLANK FORMS YOU MUST  
ALSO INCLUDE A COPY OF THE FORMS  
THAT YOU PREPARED AND FILED

## ES NECESARIO

DEJAR LOS SIGUIENTES DOCUMENTOS

EN BLANCO.

ESTOS DOCUMENTOS TIENEN QUE

SER ENTREGADOS A LA OTRA PERSONA,

PARA QUE PUEDA RESPONDER A ESTA ACCION.

INCLUYA CON ESTOS DOCUMENTOS UNA COPIA DE  
LOS DOCUMENTOS QUE USTED LLENO Y ARCHIVO.

|   |                           |
|---|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): <b>In Pro Per</b>  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 South G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Civil Division</b>  |                           |
| PETITIONER:<br>RESPONDENT:  |                           |
| <b>RESPONSE</b> <input type="checkbox"/> <b>AND REQUEST FOR</b> <input type="checkbox"/> <b>AMENDED</b><br><input type="checkbox"/> <b>Dissolution (Divorce) of:</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership<br><input type="checkbox"/> <b>Legal Separation of:</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership<br><input type="checkbox"/> <b>Nullity of:</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership | CASE NUMBER:              |

1. **LEGAL RELATIONSHIP** (check all that apply):

- a.  We are married.
- b.  We are domestic partners and our domestic partnership was established in California.
- c.  We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):

- a.  Petitioner  Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
- b.  Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c.  We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.  
 Petitioner lives in (specify): \_\_\_\_\_ Respondent lives in (specify): \_\_\_\_\_

3. **STATISTICAL FACTS**

- a.  (1) Date of marriage (specify): \_\_\_\_\_ (2) Date of separation (specify): \_\_\_\_\_  
 (3) Time from date of marriage to date of separation (specify): \_\_\_\_\_ Years \_\_\_\_\_ Months
- b.  (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): \_\_\_\_\_  
 (2) Date of separation (specify): \_\_\_\_\_  
 (3) Time from date of registration of domestic partnership to date of separation (specify): \_\_\_\_\_ Years \_\_\_\_\_ Months

4. **MINOR CHILDREN**

- a.  There are no minor children.
- b.  The minor children are:  

|                     |                  |            |
|---------------------|------------------|------------|
|                     |                  |            |
| <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |

- (1)  continued on Attachment 4b.
- (2)  a child who is not yet born.
- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e.  Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)



|                            |              |
|----------------------------|--------------|
| PETITIONER:<br>RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

**Respondent requests that the court make the following orders:**

**5. LEGAL GROUNDS** (Family Code sections 2200–2210; 2310–2312)

- a.  **Respondent contends** that the parties never legally married or registered a domestic partnership.
- b.  **Respondent denies** the grounds set forth in item 5 of the petition.
- c.  **Respondent requests**
  - (1)  Divorce  Legal separation of the marriage or domestic partnership based on
    - (a)  irreconcilable differences. (b)  permanent legal incapacity to make decisions.
  - (2)  Nullity of void marriage or domestic partnership based on
    - (a)  incest. (b)  bigamy.
  - (3)  Nullity of voidable marriage or domestic partnership based on
    - (a)  respondent's age at time of registration of domestic partnership or marriage. (d)  fraud.
    - (b)  prior existing marriage or domestic partnership. (e)  force.
    - (c)  unsound mind. (f)  physical incapacity.

**6. CHILD CUSTODY AND VISITATION (PARENTING TIME)**

**Petitioner    Respondent    Joint    Other**

- a. Legal custody of children to .....
  - b. Physical custody of children to .....
  - c. Child visitation (parenting time) be granted to .....
- As requested in  form FL-311             form FL-312             form FL-341(C)  
 form FL-341(D)             form FL-341(E)             Attachment 6c(1)

**7. CHILD SUPPORT**

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d.  Other (*specify*):

**8. SPOUSAL OR DOMESTIC PARTNER SUPPORT**

- a.  Spousal or domestic partner support payable to  Petitioner  Respondent
- b.  Terminate (end) the court's ability to award support to  Petitioner  Respondent
- c.  Reserve for future determination the issue of support payable to  Petitioner  Respondent
- d.  Other (*specify*):

**9. SEPARATE PROPERTY**

- a.  There are no such assets or debts that I know of to be confirmed by the court.
- b.  Confirm as separate property the assets and debts in  *Property Declaration* (form FL-160).  Attachment 9b.  
 the following list. Item Confirm to

|                            |              |
|----------------------------|--------------|
| PETITIONER:<br>RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

**10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**

- a.  There are no such assets or debts that I know of to be divided by the court.
- b.  Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
  - in *Property Declaration* (form FL-160).       in Attachment 10b.
  - as follows (*specify*):

**11. OTHER REQUESTS**

- a.  Attorney's fees and costs payable by       Petitioner       Respondent
- b.  Respondent's former name be restored to (*specify*):
- c.  Other (*specify*):

Continued on Attachment 11c.

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

Date:

|                               |   |                                    |
|-------------------------------|---|------------------------------------|
| _____<br>(TYPE OR PRINT NAME) | ▶ | _____<br>(SIGNATURE OF RESPONDENT) |
|-------------------------------|---|------------------------------------|

Date:

|                               |   |   |
|-------------------------------|---|---|
| _____<br>(TYPE OR PRINT NAME) | ▶ | _____<br>(SIGNATURE OF ATTORNEY FOR RESPONDENT) |
|-------------------------------|---|---|

**FOR MORE INFORMATION:** Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at [www.familieschange.ca.gov](http://www.familieschange.ca.gov) — an online guide for parents and children going through divorce or separation.

**NOTICE:** You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

**NOTICE—CANCELLATION OF RIGHTS:** Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): <b>In Pro Per</b>          | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b><br>STREET ADDRESS: <b>200 South G Street</b><br>MAILING ADDRESS: <b>same</b><br>CITY AND ZIP CODE: <b>Madera, CA 93637</b><br>BRANCH NAME: <b>Civil Division</b> |                           |
| (This section applies only to family law cases.)<br>PETITIONER:<br>RESPONDENT:<br>OTHER PARTY:   |                           |
| (This section applies only to guardianship cases.)<br>GUARDIANSHIP OF (Name): _____ Minor  | CASE NUMBER: _____        |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>   |                           |

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<br>to present  | Address<br><input type="checkbox"/> Confidential | Person child lived with (name and complete current address)<br><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<br>to present  | Address<br><input type="checkbox"/> Confidential | Person child lived with (name and complete current address)<br><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.) Page 1 of 2

|                      |                      |
|----------------------|----------------------|
| SHORT TITLE:<br><br> | CASE NUMBER:<br><br> |
|----------------------|----------------------|

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<br>(name, state, location) | Court order<br>or judgment<br>(date) | Name of each child | Your<br>connection to<br>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/<br>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/<br>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):

|   |   |   |
|---|---|---|
| a. Name and address of person<br><br><br><input type="checkbox"/> Has physical custody<br><input type="checkbox"/> Claims custody rights<br><input type="checkbox"/> Claims visitation rights<br>Name of each child | b. Name and address of person<br><br><br><input type="checkbox"/> Has physical custody<br><input type="checkbox"/> Claims custody rights<br><input type="checkbox"/> Claims visitation rights<br>Name of each child | c. Name and address of person<br><br><br><input type="checkbox"/> Has physical custody<br><input type="checkbox"/> Claims custody rights<br><input type="checkbox"/> Claims visitation rights<br>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.**