

**MADERA COUNTY SUPERIOR COURT  
STATE OF CALIFORNIA**

**PETITION FOR CUSTODY AND SUPPORT – PACKET**

You can use this packet if you are married and if you do NOT want to get a divorce, legal separation, or annulment. You can also use this packet if you are not married and *paternity has already been established* either through a voluntary declaration of paternity or if the parents are involved in a child support enforcement case filed by the local child support agency. If none of the above apply you must establish parentage (paternity) before you can ask for an order for custody/visitation. See [Parentage \(Paternity\)](#) for more information.

This packet includes the following forms: [MAD-CIV-010 Confidential Declaration](#) (pursuant to local rule 5.1.36), [FL-260 Petition for Custody and Support of Minor Child Children](#), [FL-311 Child Custody and Visitation \(Parenting Time\) Application Attachment \(optional form\)](#), [FL-105 UCCJEA](#), [FL-210 Summons \(Uniform Parentage – Petition for Custody and Support\)](#), [FL-150 Income and Expense Declaration](#) (ONLY complete if you are asking for child support), [FL-115 Proof of Service of Summons](#). There is also form [FL-270 Response to Petition for Custody and Support of Minor Children](#), which is served blank with the above documents.

**1. Fill out your forms**

Fill out the forms listed above to the best of your ability. DO NOT fill out form [FL-270 Response to Petition for Custody and Support of Minor Children](#).

**2. Have your forms reviewed**

Ask the court's [family law facilitator/self-help center](#) (located on the 1<sup>st</sup> Floor or call 559-416-5520) to review your paperwork. You can also hire your own lawyer to review your papers or to get 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 the other parent**

Have someone (NOT you), at least 18 years old, serve/give the other parent a copy of your papers and a blank [FL-270 Response](#) and blank [FL-105 UCCJEA](#) (these are included in this packet).

**5. File your Proof of Service**

Have your server fill out a Proof of Service of Summons, *form* [FL-115](#), 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 file the Proof of Service of Summons with the clerk. The clerk will give a file stamped copy to you for your records.

**6. Wait 30 days for the other parent to respond**

The other parent (now called the "respondent") has 30 days from the date he or she was served to file a response with the court. Depending on whether the respondent responds within the 30 days or not, your next step will vary.

**You will need to prepare and file additional documents to get court orders or a judgment.** If you do not want to wait until your judgment to get orders for custody, visitation, or support, 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. This packet can be served on the other party along with this initial petition.

# 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/Response to Domestic Violence Restraining Order
- Guardianship
- Name Change
- Request for Order
- Income & Expense Declaration
- Answer to Child Support
- Parentage Petition and Response
- Request/Response to Civil Harassment Restraining Order
- Request/Response Elder Abuse Restraining Order
- Eviction/Unlawful Detainer-Landlord/Tenant
- Petition for Custody and Support

## 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.

### 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



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

1. Petitioner (name): \_\_\_\_\_

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

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

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

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

2. Respondent (name): \_\_\_\_\_

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

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

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

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

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

4. 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)

- Age

 continued on Attachment 1.

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

Case number:

County:

State:

Country (if not the United States):

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

Petitioner

Respondent

Joint

Other

- a. Legal custody of children to: ☐ ☐ ☐ ☐
- b. Physical custody of children to: ☐ ☐ ☐
- c. Visitation (parenting time) of children with: ☐ ☐ ☐
- d. If "Other" is checked above, name of the other person is (*specify*): \_\_\_\_\_

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

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

PETITIONER:	CASE NUMBER:
RESPONDENT:	

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

☐ Continued on Attachment 4i.

j. ☐ Other (*specify*):

5. **Fees and cost of litigation**

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

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

7. Other (*specify*):

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

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

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

PETITIONER:  
RESPONDENT:  
OTHER PARENT/PARTY:

CASE NUMBER:

**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> (person who decides about the child's health, education, and welfare)	<u>Physical Custody to</u> (person the child regularly lives with)

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

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

from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m./ If applicable, specify:

☐ after school

(day of week) (time)

to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m./ If applicable, specify:

☐ 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:

(day of week) (time)

☐ after school

to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m./ If applicable, specify:

(day of week) (time)

☐ after school

(3) ☐ **Weekdays starting (date):**

from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m./ If applicable, specify:

(day of week) (time)

☐ after school

to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m./ If applicable, specify:

(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: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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(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: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: 200 S. G STREET MAILING ADDRESS: CITY AND ZIP CODE: MADERA, CALIFORNIA 93637 BRANCH NAME: CIVIL DIVISION	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: RESPONDENT:  OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	
Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one): ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

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

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
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 or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: \_\_\_\_\_

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

Date:

\_\_\_\_\_  
 (NAME OF DECLARANT)



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

CASE NAME:

CASE NUMBER:

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

**Instructions:** If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. \_\_\_\_\_ Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b. \_\_\_\_\_ Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

Page \_\_\_\_ of \_\_\_\_

**SUMMONS**

(Parentage—Custody and Support)

**CITACIÓN (Paternidad—Custodia y Manutención)****NOTICE TO RESPONDENT (Name):****AVISO AL DEMANDADO (Nombre):**FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

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

**Petitioner's name:***El nombre del demandante:*

CASE NUMBER: (Número de caso)

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

*Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.*

If you do not file your *Response* on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

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

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 bar association.

*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:** *The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

**AVISO:** *La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidia la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.*

**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]

1. 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

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

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

**STANDARD RESTRAINING ORDER**  
(Parentage—Custody and Support)

**ORDEN DE RESTRICCIÓN ESTÁNDAR**  
(Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

**NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**AVISO — ACCESO A SEGURA DE SALUD MÁS ECONOMICO** Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

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

- Family Code, §§ 2030–2032, 2100–2113,  
3552, 3620–3634, 4050–4076, 4300–4339  
[www.courts.ca.gov](http://www.courts.ca.gov)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

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

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

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

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify): .....	\$	_____

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

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

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

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

**8. ☐ Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

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

**10. Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

**11. Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

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



PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**13. Average monthly expenses**    ☐ Estimated expenses    ☐ Actual expenses    ☐ Proposed needs

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

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

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

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

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

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

- |  | Amount per month |
|--|------------------|
| a. Childcare so I can work or get job training.....                            | \$ _____         |
| b. Children's health care not covered by insurance.....                        | \$ _____         |
| c. Travel expenses for visitation.....   | \$ _____         |
| d. Children's educational or other special needs <i>(specify below)</i> :..... | \$ _____         |

**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 <i>(examples: fire, theft, other insured loss)</i> .....  | \$ _____         | _____                |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____         | _____                |
| (2) Names and ages of those children <i>(specify)</i> : _____                                      |                  |                      |

- (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)*:**

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

(For Court Use Only)

**Need an interpreter?** | ¿Necesita un intérprete?

**REQUEST FOR INTERPRETER SERVICES** | solicitud para servicios de un intérprete

**Fill out this form if you or your witness in your case needs an interpreter when you are in court.** | Si usted o un testigo en su caso necesita un intérprete cuando esté en la corte, llene este formulario.

**Case Number(s)** | numero(s) del caso: \_\_\_\_\_

**Case Name** | nombre del caso: \_\_\_\_\_

**Hearing Date** | fecha de audiencia: \_\_\_\_\_

**Time** | hora: \_\_\_\_\_

**Dept** | sala: \_\_\_\_\_

**INTERPRETER NEEDED IN THE FOLLOWING LANGUAGE** | necesito un intérprete para el siguiente idioma:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Spanish/español | <input type="checkbox"/> Chatino*     | <input type="checkbox"/> Cambodian     | <input type="checkbox"/> Arabic            |
| <input type="checkbox"/> Amuzgo*         | <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/Otro: _____ |

**\*For indigenous languages, include state and town of origin** | para los idiomas indígenas, incluya el estado y pueblo de origen ó region: \_\_\_\_\_

**INTERPRETER NEEDED FOR** |  
se necesita intérprete para:

- ☐ **Plaintiff/Petitioner**  
☐ Demandante/Solicitante

- ☐ **Defendant/Respondent**  
☐ Demandado(a)

☐ \_\_\_\_\_ **# of Witnesses** | cantidad de testigos

☐ **Estimated duration time of witness** | tiempo  
estimado de duración del testimonio: \_\_\_\_\_

**REQUESTING PARTY'S INFORMATION** | datos del solicitante:

**Name** | nombre: \_\_\_\_\_

**Email** | correo electrónico: \_\_\_\_\_

**Phone Number** | número de teléfono: \_\_\_\_\_

**Please email this request to** | favor de enviar esta solicitud por correo electrónico a:

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

**or file it with the clerk's office** | ó entregue este formulario a la oficina del secretario

**Please submit this form a minimum of two weeks in advance.** | favor de presentar este formulario con un mínimo de dos semanas antes de la fecha de su audiencia

PARTY WITHOUT ATTORNEY <i>or</i> ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>In Pro Per</b>	<b>FOR COURT USE ONLY</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:  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:	CASE NUMBER:
RESPONDENT:	

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.

- Age

 continued on Attachment 1.

- Country (if not the United States):

- |   | Petitioner               | Respondent               | Joint                    | Other                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation (parenting time) of children with:                                | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| d. If "Other" is checked above, name of the other person is ( <i>specify</i> ): |                          |                          |                          |                          |

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

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

PETITIONER:	CASE NUMBER:
RESPONDENT:	

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

☐ Continued on Attachment 4h.

j. ☐ Other (*specify*):

5. **Fees and cost of litigation**

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

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

7. Other (*specify*):

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 RESPONDENT)

**NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.**



ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: 200 S. G STREET MAILING ADDRESS: CITY AND ZIP CODE: MADERA, CALIFORNIA 93637 BRANCH NAME: CIVIL DIVISION	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: RESPONDENT:  OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	CASE NUMBER:
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one): ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	CASE NUMBER:
------------	--------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

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

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
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 or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: \_\_\_\_\_

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

Date:

\_\_\_\_\_  
 (NAME OF DECLARANT)



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

CASE NAME:

CASE NUMBER:

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

**Instructions:** If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. \_\_\_\_\_ Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b. \_\_\_\_\_ Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

Page \_\_\_\_ of \_\_\_\_