

**MADERA COUNTY SUPERIOR COURT
STATE OF CALIFORNIA**

PETITION TO DETERMINE PARENTAL RELATIONSHIP

This packet can be used to seek determination of parentage. In parentage cases, also called “paternity cases”, the court makes orders that say who the child’s legal parents are. You can read more regarding parentage at www.courts.ca.gov/selfhelp-parentage . Establishing parentage is necessary before custody, visitation, or child support is ordered by a court. You could however ask the judge for child support or custody and visitation orders as part of a case that establishes the child’s parentage.

There are 2 main ways to establish parentage when the child’s parents are not married. [Signing a voluntary declaration of parentage or paternity](#), OR getting a court order (either on your own or with the [help of the Local Child Support Agency](#)). A voluntary declaration of parentage or paternity is a California governmental form that, when signed by both parents, establishes them as the legal parents of the child

Either parent can start a case to establish parentage.

You do NOT need a parentage case if:

- You and the other parent are unmarried but signed a voluntary declaration of parentage or paternity.
- You are married to the other parent, including same-sex marriages (or are registered domestic partners).
- The local child support agency already filed a parentage and child support case in court.
- You and the other parent are involved in a domestic violence restraining order case, AND you both agree to parentage of your child and the court entered a judgment about parentage.

This packet includes the following forms: [MAD-CIV-010 Confidential Declaration](#) (pursuant to local rule 5.1.36), [FL-200 Petition to Determine Parental Relationship \(Uniform Parentage\)](#), [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](#) (if you are asking for child support), [FL-115 Proof of Service of Summons](#). There is also form [FL-220 Response to Petition to Determine Parental Relationship](#), 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-220 Response](#).

2. Have your forms reviewed

Ask the court’s [family law facilitator/self-help center](#) (located on the 1st 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-efsps-alpha-final_0.pdf

Or you can take your documents to the Civil Division (located on the 4th 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-220 Response](#) and blank [FL-105 UCCJEA](#) (these forms 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 return 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 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 a “Request for Order”. The Request for Order is used to ask the court to set a hearing date and make orders now.

GET STARTED ON YOUR DOCUMENTS NOW!

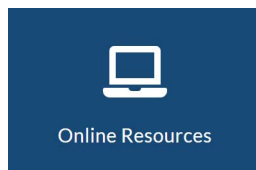
You can begin the process from your phone, your computer at home, or one of the computers in the Self Help Center.

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): _____	FOR COURT USE ONLY CONFIDENTIAL Place in confidential part of the court file.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera, California 93637 Civil Division	
PETITIONER: RESPONDENT:	
CONFIDENTIAL DECLARATION	CASE NUMBER:

You are required to complete this *Confidential Declaration* when you file any petition in any family law case type. If filing a response in any family law case type, this declaration is optional but encouraged. 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)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <u>In Pro Per</u>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <u>MADERA</u> STREET ADDRESS: <u>200 SOUTH G STREET</u> MAILING ADDRESS: <u>SAME</u> CITY AND ZIP CODE: <u>MADERA, CA 93637</u> BRANCH NAME: <u>CIVIL DIVISION</u>	
PETITIONER: RESPONDENT:	
PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER:

1. The petitioner
 - a. ☐ gave birth to the children listed in item 2.
 - b. ☐ wants to be determined as a parent of the children in item 2 because (*specify*):
 - c. ☐ wants to be determined as not a parent of the children listed in item 2 because (*specify*):
 - d. ☐ is the child or the child's personal representative (*specify court and date of appointment*):
 - e. ☐ Other (*specify*):
2. The children are

a. <u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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 b. ☐ a child who is not yet born.
3. The court has jurisdiction over the respondent because the respondent:
 - a. ☐ lives in this state.
 - b. ☐ had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 - c. ☐ Other (*specify*):
4. The action is brought in this county because (*you must check one or more to file in this county*):
 - a. ☐ the children live or are found in this county.
 - b. ☐ a parent is deceased and proceedings for administration of the estate have been or could be started in this county.
5. Petitioner claims (*check all that apply*):
 - a. ☐ respondent is the parent of the children listed in item 2 above.
 - b. ☐ parentage has been determined by a voluntary declaration of parentage or paternity. (*Attach a copy if available.*)
 - c. ☐ respondent is the children's parent and has failed to support the children.
 - d. ☐ (*name*): _____ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the children should pay:

Amount	Payable to	For (<i>specify</i>):
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 - e. ☐ public assistance is being provided to the children.
 - f. ☐ Other (*specify*):
6. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

Petitioner asks the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP (*check all that apply*):

- a. ☐ Petitioner ☐ Respondent is the parent of the children listed in item 2.
- b. ☐ Petitioner ☐ Respondent is not the parent of the children listed in item 2.
- c. ☐ Petitioner requests genetic testing to determine whether the ☐ Petitioner ☐ Respondent is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. If ☐ Petitioner ☐ Respondent is found to be the parent of the children listed in item 2.

	Petitioner	Respondent	Joint	Other
b. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in ☐ form FL-311 ☐ form FL-312 ☐ form FL-341(C)
☐ form FL-341(D) ☐ form FL-341(E) ☐ Attachment 8d

- e. The facts in support of the requested custody and visitation (parenting time) orders are (*specify*):

☐ Contained in the attached declaration.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

Reasonable expenses of pregnancy and birth to be paid by as follows:

	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

☐ Children's names be changed, according to Family Code section 7638, as follows (*specify old and new names*):

12. CHILD SUPPORT

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

13. ☐ OTHER ORDERS REQUESTED (*specify*):

14. I have read the restraining order on the back of the *Summons* (FL-210) and I understand 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 to Determine Parental Relationship* (form FL-220) must be served on the respondent with this petition.

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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):

This section is for information only and is not a part of your request for orders:

California's public policies and law on child custody and visitation include that:

- In general, children should have frequent and continuing contact with their parents, and parents should be encouraged to share the responsibility of raising their children, except when domestic abuse has happened or contact with a parent is not in the best interests of the children.
- When making any orders about physical and legal custody and visitation (parenting time), the court must consider the best interests of the child, which primarily include the health, safety, and welfare of the child.
- If a parent has been abusive, judges use laws to help protect children when deciding to make orders about child custody and visitation (parenting time). A judge may deny an abusive parent custody or unsupervised visitation with a child.
- Children have the right to be safe and free from abuse.
- A child's exposure to domestic violence and domestic violence committed where a child lives are detrimental to the health, safety, and welfare of the child.
- For more information, read selfhelp.courts.ca.gov/child-custody#best-interest and selfhelp.courts.ca.gov/domestic-violence-child-custody

Complete items 1 through 13 that apply to your request for orders.

1. Minor Children

Child's name

Birthdate

Age

☐ [Attachment 1.](#)

2. ☐ **Custody** of the minor children is requested as follows:

- | | Petitioner | Respondent | Joint | Other Parent/Party |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Physical custody of children to.....
(The person with whom the child will regularly live) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Legal custody of children to
(The person who decides about the child's health, education, and welfare) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: To ask the court for joint legal custody orders that specify when the parents must agree before making decisions (for example, before choosing or changing the children's school, doctor, or religious or school activities), use *Joint Legal Custody Attachment* (form [FL-341\(E\)](#)) or a document that includes the same content as form FL-341(E).

To learn about physical and legal custody, go to selfhelp.courts.ca.gov/child-custody.

- c. ☐ There are allegations of a history of abuse or substance abuse in this case. (You must complete item 5.)
- d. ☐ Other (specify):

3. ☐ **Visitation (Parenting Time)** I request that the court order (check one):

- a. ☐ Reasonable right of visitation (parenting time) to the party in item 2a without physical custody, including but not limited to, virtual visitation. **(Not appropriate in cases involving domestic violence and substance abuse).**
- b. ☐ Visitation (parenting time) as described in the attached _____-page document dated (specify date):
- c. ☐ The visitation schedule in item 4 that includes in-person, virtual, other visitation.
- d. ☐ Supervised visitation. (You must complete item 6.)
- e. ☐ No visitation (parenting time) to the person without physical custody for the reasons described in item 13.

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



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. ☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** visitation (parenting time) will be (check all that apply):
- a. ☐ **In person**, as follows (Specify start and ending date and time. If applicable, check "start of" OR "after school"):

- (1) ☐ **Weekends starting** (date):

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

Weekend	Day(s)	Times	Start of (or After) School (if applicable)
<input type="checkbox"/> 1st	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 2nd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 3rd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 4th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 5th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after

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

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

- (2) ☐ **Alternate weekends starting** (date):

(Specify day(s) from _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
and times): to _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after

- (3) ☐ **Weekdays starting** (date):

(Specify day(s) from _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
and times): to _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after

- (4) ☐ Other visitation (parenting time) days and restrictions are ☐ [listed in Attachment 4a\(4\)](#)
☐ as follows:

- b. ☐ **Virtual visitation**

I ask that the court order virtual visitation as described ☐ [in Attachment 4b.](#) ☐ below:
 Virtual visitation means using audiovisual electronic technology (like a smartphone, tablet, smart watch, or computer) for a parent and a child to see and hear each other. Learn more about how to have safe virtual visits at selfhelp.courts.ca.gov/child-custody/virtual-visitations.

- c. ☐ **Other ways that visitation (parenting time) can happen** that are in the best interests of the child (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. ☐ **Child custody and visitation when there are allegations of a history of abuse or substance abuse**

a. **Allegations**

- (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.

b. **Child custody**

- (1) ☐ I ask that the court NOT order sole or joint custody of the minor child to the party or parties in 5a.
- (2) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 4.
(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted child custody, even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)
☐ Below: ☐ [Attachment 5b\(2\)](#) ☐ Other (specify):

c. **Visitation (Parenting Time)**

- (1) ☐ I ask that the court order supervised visitation as specified in item 6.
- (2) ☐ I ask that the court order unsupervised visitation to the party or parties as specified in item 4.
- (A) 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.
- (B) The reasons why the court should make the orders are
(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)
☐ Below: ☐ [In Attachment 5c\(2\)\(B\)](#) ☐ Other (specify):

- (3) ☐ Other (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. ☐ **Supervised visitation (parenting time)**

(To learn about supervised visitation, go to: selfhelp.courts.ca.gov/guide-supervised-visitation/.)

- a. I ask that ☐ petitioner ☐ respondent ☐ other parent/party have supervised visitation with the minor children.
- b. The reasons why the court should make the orders are *(specify)*:
(Write the reasons why you think unsupervised visitation (parenting time) would NOT be in the best interest of the child.)
☐ Below ☐ [In Attachment 6b](#) ☐ Other *(specify)*:

- c. I ask that the visitations be monitored by *(name, if known)*:

The provider's phone number is *(specify)*:

- (1) ☐ The person or agency is a professional provider.

(A) A professional provider must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Professional)* ([form FL-324\(P\)](#)) and sign the declaration.

(B) Professional provider fees to be paid by: petitioner: _____ percent. respondent: _____ percent.
 other parent/party: _____ percent.

- (2) ☐ The person is a nonprofessional provider. The person must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Nonprofessional)* ([form FL-324\(NP\)](#)).

- d. Location of supervised visitation. I request that supervised visitation be *(check one)*:

- (1) ☐ In person at a safe location.
 (2) ☐ Virtual visitation (not in person).
 (3) ☐ Other *(describe)*:

- e. Schedule for supervised visitation *(specify)*:

- (1) ☐ Once a week, for *(number of hours for each visit)*:
 (2) ☐ Two times each week, for *(number of hours for each visit)*:
 (3) ☐ As specified in item 4.
 (4) ☐ Other *(describe)*:

7. ☐ **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, day, 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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8. ☐ **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 state of California.
 - ☐ the following counties (*specify*):
 - ☐ other places (*specify*):
9. ☐ **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](#).
10. ☐ **Child custody mediation**
 I request an order for the parties to go to child custody mediation or child custody recommending counseling (*specify date, time, and location, if applicable*):

Note: Parents with a family court case who do not agree about child custody or visitation are required to attend mediation to try to develop a parenting plan that is in the best interest of their child. A party who alleges domestic violence in a written declaration under penalty of perjury or who is protected by a protective order may ask the mediator or child custody recommending counselor to meet with the parties separately and at separate times. A court order for separate sessions is not required.

11. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out ☐ below ☐ [on form FL-341\(C\)](#)
12. ☐ **Additional custody provisions.** I request the additional orders for custody set out ☐ below ☐ [on form FL-341\(D\)](#)
13. ☐ **Other** (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 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	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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 ____

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), at the California Legal Services website (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), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

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 despidan 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. Or call Covered California at 1-800-300-1506.

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

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

- (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.)

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*):

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):

- (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:

Date: _____

Page 1 of 4

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. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ </div> 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 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 country, state, municipality and town of origin** | para los idiomas indígenas, incluya su país, estado, municipio y ciudad de origen: _____

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

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

Please submit this form with a minimum of ten (10) court days in advance. | favor de entregar este formulario con un mínimo de diez (10) días hábiles antes de la fecha de su audiencia.



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.

- Page 1 of 2

PETITIONER:	CASE NUMBER:
RESPONDENT:	

The respondent asks that the court make the determinations listed below.

8. PARENT-CHILD RELATIONSHIP (*check all that apply*):

- a. ☐ Respondent ☐ Petitioner is the parent of the children listed in item 2.
- b. ☐ Respondent ☐ Petitioner is not the parent of the children listed in item 2.
- c. ☐ Respondent requests genetic testing to determine whether the ☐ Petitioner ☐ Respondent is the parent of the children listed in item 2.

9. 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 ☐ form FL-311 ☐ form FL-312 ☐ form FL-341(C) ☐ form FL-341(D) ☐ form FL-341(E) ☐ Attachment 9c
- d. The facts in support of the requested custody and visitation (parenting time) orders are (*specify*):
- ☐ Contained in the attached declaration.

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

- | | Petitioner | Respondent | Joint |
|--|--------------------------|--------------------------|--------------------------|
| Reasonable expenses of pregnancy and birth to be paid by as follows: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. FEES AND COSTS OF LITIGATION

- | | Petitioner | Respondent | Joint |
|---|--------------------------|--------------------------|--------------------------|
| a. Attorney fees to be paid by | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. NAME CHANGE

- ☐ Children's names be changed, according to Family Code section 7638, as follows (*specify old and new names*):

13. OTHER ORDERS REQUESTED (*specify*):

14. CHILD SUPPORT

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

I have read the restraining order on the back of the *Summons* (FL-210) and I understand it applies to me.

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: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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):

This section is for information only and is not a part of your request for orders:

California's public policies and law on child custody and visitation include that:

- In general, children should have frequent and continuing contact with their parents, and parents should be encouraged to share the responsibility of raising their children, except when domestic abuse has happened or contact with a parent is not in the best interests of the children.
- When making any orders about physical and legal custody and visitation (parenting time), the court must consider the best interests of the child, which primarily include the health, safety, and welfare of the child.
- If a parent has been abusive, judges use laws to help protect children when deciding to make orders about child custody and visitation (parenting time). A judge may deny an abusive parent custody or unsupervised visitation with a child.
- Children have the right to be safe and free from abuse.
- A child's exposure to domestic violence and domestic violence committed where a child lives are detrimental to the health, safety, and welfare of the child.
- For more information, read selfhelp.courts.ca.gov/child-custody#best-interest and selfhelp.courts.ca.gov/domestic-violence-child-custody

Complete items 1 through 13 that apply to your request for orders.

1. Minor Children

☐ [Attachment 1.](#)

Child's name

Birthdate

Age

2. ☐ Custody of the minor children is requested as follows:

- | | Petitioner | Respondent | Joint | Other Parent/Party |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Physical custody of children to.....
(The person with whom the child will regularly live) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Legal custody of children to
(The person who decides about the child's health, education, and welfare) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: To ask the court for joint legal custody orders that specify when the parents must agree before making decisions (for example, before choosing or changing the children's school, doctor, or religious or school activities), use *Joint Legal Custody Attachment* (form [FL-341\(E\)](#)) or a document that includes the same content as form FL-341(E).

To learn about physical and legal custody, go to selfhelp.courts.ca.gov/child-custody.

- c. ☐ There are allegations of a history of abuse or substance abuse in this case. (You must complete item 5.)
- d. ☐ Other (specify):

3. ☐ Visitation (Parenting Time) I request that the court order (check one):

- a. ☐ Reasonable right of visitation (parenting time) to the party in item 2a without physical custody, including but not limited to, virtual visitation. (Not appropriate in cases involving domestic violence and substance abuse).
- b. ☐ Visitation (parenting time) as described in the attached _____-page document dated (specify date):
- c. ☐ The visitation schedule in item 4 that includes in-person, virtual, other visitation.
- d. ☐ Supervised visitation. (You must complete item 6.)
- e. ☐ No visitation (parenting time) to the person without physical custody for the reasons described in item 13.

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



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4. ☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** visitation (parenting time) will be (check all that apply):
- a. ☐ **In person**, as follows (Specify start and ending date and time. If applicable, check "start of" OR "after school"):

- (1) ☐ **Weekends starting** (date):

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

Weekend	Day(s)	Times	Start of (or After) School (if applicable)
<input type="checkbox"/> 1st	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 2nd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 3rd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 4th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 5th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after

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

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

- (2) ☐ **Alternate weekends starting** (date):

(Specify day(s) from _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
and times): to _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after

- (3) ☐ **Weekdays starting** (date):

(Specify day(s) from _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
and times): to _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after

- (4) ☐ Other visitation (parenting time) days and restrictions are ☐ [listed in Attachment 4a\(4\)](#)
☐ as follows:

- b. ☐ **Virtual visitation**

I ask that the court order virtual visitation as described ☐ [in Attachment 4b.](#) ☐ below:
 Virtual visitation means using audiovisual electronic technology (like a smartphone, tablet, smart watch, or computer) for a parent and a child to see and hear each other. Learn more about how to have safe virtual visits at selfhelp.courts.ca.gov/child-custody/virtual-visitations.

- c. ☐ **Other ways that visitation (parenting time) can happen** that are in the best interests of the child (specify):



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5. ☐ **Child custody and visitation when there are allegations of a history of abuse or substance abuse**

a. **Allegations**

- (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.

b. **Child custody**

- (1) ☐ I ask that the court NOT order sole or joint custody of the minor child to the party or parties in 5a.
- (2) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 4.
(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted child custody, even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)
☐ Below: ☐ [Attachment 5b\(2\)](#) ☐ Other (specify):

c. **Visitation (Parenting Time)**

- (1) ☐ I ask that the court order supervised visitation as specified in item 6.
- (2) ☐ I ask that the court order unsupervised visitation to the party or parties as specified in item 4.
- (A) 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.
- (B) The reasons why the court should make the orders are
(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)
☐ Below: ☐ [In Attachment 5c\(2\)\(B\)](#) ☐ Other (specify):

- (3) ☐ Other (specify):



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6. ☐ **Supervised visitation (parenting time)**

(To learn about supervised visitation, go to: selfhelp.courts.ca.gov/guide-supervised-visitation.)

- a. I ask that ☐ petitioner ☐ respondent ☐ other parent/party have supervised visitation with the minor children.
- b. The reasons why the court should make the orders are *(specify)*:
(Write the reasons why you think unsupervised visitation (parenting time) would NOT be in the best interest of the child.)
☐ Below ☐ [In Attachment 6b](#) ☐ Other *(specify)*:

- c. I ask that the visitations be monitored by *(name, if known)*:

The provider's phone number is *(specify)*:

- (1) ☐ The person or agency is a professional provider.

(A) A professional provider must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Professional)* ([form FL-324\(P\)](#)) and sign the declaration.

(B) Professional provider fees to be paid by: petitioner: _____ percent. respondent: _____ percent.
 other parent/party: _____ percent.

- (2) ☐ The person is a nonprofessional provider. The person must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Nonprofessional)* ([form FL-324\(NP\)](#)).

- d. Location of supervised visitation. I request that supervised visitation be *(check one)*:

- (1) ☐ In person at a safe location.
 (2) ☐ Virtual visitation (not in person).
 (3) ☐ Other *(describe)*:

- e. Schedule for supervised visitation *(specify)*:

- (1) ☐ Once a week, for *(number of hours for each visit)*:
 (2) ☐ Two times each week, for *(number of hours for each visit)*:
 (3) ☐ As specified in item 4.
 (4) ☐ Other *(describe)*:

7. ☐ **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, day, 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)*:



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8. ☐ **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 state of California.
 - ☐ the following counties (*specify*):
 - ☐ other places (*specify*):
9. ☐ **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](#).
10. ☐ **Child custody mediation**
 I request an order for the parties to go to child custody mediation or child custody recommending counseling (*specify date, time, and location, if applicable*):

Note: Parents with a family court case who do not agree about child custody or visitation are required to attend mediation to try to develop a parenting plan that is in the best interest of their child. A party who alleges domestic violence in a written declaration under penalty of perjury or who is protected by a protective order may ask the mediator or child custody recommending counselor to meet with the parties separately and at separate times. A court order for separate sessions is not required.

11. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out ☐ below ☐ [on form FL-341\(C\)](#)
12. ☐ **Additional custody provisions.** I request the additional orders for custody set out ☐ below ☐ [on form FL-341\(D\)](#)
13. ☐ **Other (*specify*):**

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 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	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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 ____