

MADERA COUNTY SUPERIOR COURT  
STATE OF CALIFORNIA

HOW TO RESPOND TO A  
PETITION FOR CUSTODY CASE

ALL FORMS CAN BE TYPED OR PRINTED NEATLY  
IN BLACK INK AND SIGNED IN BLUE INK

Effective (1/1/13) the Confidential Declaration (herein included in this packet) must be filed with any/all family law petition or response cases.

To comply with the new court local rule 5.1.36 Confidential Declaration Sheet:

Upon filing of any petition or response in any **family law case**, the filing party shall file a confidential information sheet entitled "Confidential Declaration" to help the Court identify the parties in the case. The confidential information sheet shall be placed in a **confidential envelope** within the Court's case file and shall not be made available to **any parties other than the Court, absent a court order**. The Confidential Declaration form is available on the Court's website under the "Forms" link and at the civil window.

1. Inside this Response packet you will find the first couple of pages are sample documents that will teach you how to fill out the actual forms. Not all forms have samples, but you **MUST** fill out all forms.
2. Use one of the documents from the Petition for Custody you were served with as your guide. Make sure the names and case number are exactly the same (or the court will not accept them). In this case you are the respondent and the other party is the petitioner. Once you have filled out all documents make sure you have signed and dated all of your documents in blue ink.
3. Make only 1 copy of the Request to Waive Court Fees and Order on Court Fee Waiver. Make 2 copies of all other forms. When making your copies each original form should be stapled (if more than one page), and placed on the top with the copies of each original behind it paper clipped.
4. Once you are done with making your copies you will file all of your forms at the Civil Division located inside Madera Superior Court (the division you purchased this packet from). The Civil Division will file all of your forms and will only keep the original form of each document and return the copies back to you.
5. Have someone over the age of eighteen other than you serve the other party/parent/attorney of record. The response can be either personally served or served by mail at their address of record. For the initial filing the address of record is the address listed on the upper left hand corner of the Petition. If the party has an attorney their address should appear in that location. Depending upon whether you have the other side personally served or have them served by mail, you will need to complete your portion of the appropriate Proof of Service. If service was by mail the document is called Proof of Service by Mail. If the person handed the documents to the other side (personal service) you will need to fill out a Proof of Personal Service. You will then have the person who served the other party for you fill out their portion of the Proof of Service. You need to make sure they answer numbers 2, 3, 4, print their name, sign, and date the Proof of Service.
6. Make one copy of your Proof of Service and take the Proof of Service to the civil clerk and file it. If you were served with a Request for Order (RFO) including custody and/or visitation as an issue, you may be ordered on the paperwork to go to Family Court Services (FCS) to schedule an orientation and mediation appointment. The address for FCS will be included if you are ordered to go on the paperwork. Please read your paperwork. If the address for FCS is included on your RFO, both parties must make and keep an appointment with FCS as soon as the RFO has been served. If your paperwork does not order you to go to FCS the court may still order this when you go before the judge on your court date. Family Court Services is located – 200 South G Street, Madera CA 93637
7. For more information or to fill out your forms you can go online @ [www.courts.ca.gov/selfhelp/](http://www.courts.ca.gov/selfhelp/) or [www.icandocs.org/ca/](http://www.icandocs.org/ca/).



Parents who come to court about child custody and parenting time (visitation) face decisions about parenting plans for their children. This information sheet provides general information about child custody and parenting time matters, how to get help resolving a custody dispute or making a parenting plan, where to find an attorney, and where to find other resources.

### What is a parenting plan?

A parenting plan describes how the parents will divide their responsibilities for taking care of their child.

The plan may include a general or specific schedule of days, times, weekends, holidays, vacations, transportation, pick-up/drop-off, limits on travel, counseling and treatment services, and other details.

### What are legal and physical custody?

A parenting plan usually includes:

- **Legal custody:** how parents make major decisions about the child's health, education, and welfare;
- **Physical custody:** where the child lives; and
- **Parenting time, time-share, or visitation:** when the child spends time with each parent.

*Legal custody* and *physical custody* may each be specified as *joint* (both parents have certain responsibilities) or *sole* (one parent has the responsibility alone).

### Can we make our own parenting plan?

Yes. You have a right to make a parenting plan agreement on your own. This agreement may be called a *stipulation*, *time-share plan*, or *parenting plan*.

If both parents can agree on a parenting plan, the judge will probably approve it. The agreement becomes a court order after it is signed by both parents and the judge, and filed with the court.

### What if there is domestic violence or a protective order?

If there is domestic violence or a protective order, talk with an attorney, counselor, or mediator before making a parenting plan.

For domestic violence help, call the National Domestic Violence Hotline at 1-800-799-7233 (TDD:1-800-787-3224) or call 211 if available in your area.

### What if we don't have a parenting plan?

If you can't reach an agreement, the court will refer you to mediation with family court services (FCS) to try to work out a parenting plan.

### What is mediation with family court services?

Family court services (FCS) provides mediation to help parents resolve disagreements about the care of their child. The mediator will meet with you and the other parent to try to help you both make a parenting plan. An orientation may be provided that offers additional information about the process.

If you are concerned about meeting with the other parent in mediation, or there is a domestic violence issue or a protective order involving the other parent, you may ask to meet alone with the mediator without the other parent. You may also request to have a support person with you at mediation. The support person may not speak for you.

### Do we have to agree to a parenting plan in mediation?

No. You do not have to come to an agreement in mediation. When the parents can't agree, the judge will decide. For legal advice, contact an attorney. For other information, ask the self-help center or family court services about how the process works in your court.

Are there other ways to resolve our dispute?

Where can I get help?

Yes. You may try other alternative dispute resolution (ADR) options, including:

1. Meet and Confer: Parents and their attorneys (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parents, then the "meet and confer" can be through attorneys or a mediator in separate sessions.

2. Settlement Conference: In some courts, parents may meet with a judge, neutral evaluators, or family law attorneys not involved in the case to discuss settlement. Check with the local court to find out if this is an option. If there is a protective order, the settlement discussion can be through attorneys or a mediator in separate sessions.

3. Private Mediation: Parents may hire a private mediator to help them resolve their dispute.

4. Collaborative Law Process: Each parent hires a lawyer and agrees to resolve the dispute without going to court. The parents may also hire other experts.

Court Hearing

When the parents cannot agree to a parenting plan on their own, in mediation, or in any other ADR process, the judge will decide.

If there is domestic violence or a protective order, a parent may be able to bring a support person with him or her to the court hearing, but the support person may not speak for that person.

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for Request for Accommodations by Persons with Disabilities and Response (form MC-410). (Civil Code, § 54.8.)



This information sheet gives only basic information on the child custody process and is not legal advice. If you want legal advice, ask an attorney for assistance. For other information, you may want to:

1. Contact family court services.
2. Contact the family law facilitator or self-help center for information, local rules and court forms, and referrals to local legal services providers.
3. Find an attorney through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
4. Hire a private mediator for help with your parenting agreement. A mediator may be an attorney or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.
5. Find information on the Online Self-Help Center website at [www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp).
6. For free and low-cost legal help (if you qualify), go to: [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org).
7. Find information at your local law library or ask at your public library.
8. Ask for a court hearing and let the judge decide what is best for your child.

Los padres que van a la corte para resolver la custodia de los hijos y el horario de crianza (visitación) tienen que tomar decisiones sobre los planes de crianza para sus hijos. Esta hoja informativa brinda información general sobre temas de custodia de los hijos y el horario de crianza, cómo obtener ayuda para resolver una disputa de custodia o para elaborar un plan de crianza, dónde encontrar un abogado y otros recursos.

### ¿Qué es un plan de crianza?

Un plan de crianza describe cómo los padres van a repartir la responsabilidad de cuidar a sus hijos.

El plan puede incluir un horario general o específico de días, horas, fines de semana, días feriados, vacaciones, transporte, horarios para recoger y dejar a los hijos, restricciones de viaje, consejería y servicios de tratamiento, y otros detalles.

### ¿Qué es la custodia legal y física?

Un plan de crianza en general incluye:

- **Custodia legal:** cómo toman los padres las decisiones importantes sobre la salud, educación y bienestar de sus hijos;
- **Custodia física:** dónde viven los hijos; y
- **Horario de crianza, cómo compartir el tiempo o visitación:** cuándo pasan tiempo los hijos con cada uno de sus padres.

Tanto la *custodia legal* como la *custodia física* se pueden especificar como *conjunta* (ambos padres tienen ciertas responsabilidades) o *exclusiva* (solo uno de los padres tiene toda la responsabilidad).

### ¿Podemos hacer nuestro propio plan de crianza?

Sí. Tiene el derecho a llegar a un acuerdo sobre el plan de crianza con el otro padre. Este acuerdo se llama *estipulación, plan para compartir el tiempo o plan de crianza*.

Si ambos padres se pueden poner de acuerdo en un plan de crianza, es probable que el juez lo apruebe. Después de ser firmado por ambos padres y por el juez, y de haber sido presentado ante la corte, el acuerdo se convertirá en una orden de la corte.

### ¿Qué pasa si hay violencia en el hogar o una orden de protección?

Si hay violencia en el hogar o una orden de protección, hable con un abogado, consejero o mediador antes de hacer un plan de crianza.

Para obtener ayuda con violencia en el hogar, llame a la Línea nacional sobre la violencia doméstica al 1-800-799-7233 (TDD: 1-800-787-3224) o llame al 211, si se ofrece este servicio en su zona.

### ¿Qué pasa si no tenemos un plan de crianza?

Si no pueden llegar a un acuerdo, la corte los remitirá a una mediación con servicios de la corte familiar (FCS, por sus siglas en inglés) para tratar de ponerse de acuerdo sobre un plan de crianza.

### ¿Qué es mediación con servicios de la corte familiar?

Los servicios de la corte familiar (FCS) ofrecen mediación para ayudar a los padres a resolver los desacuerdos acerca del cuidado de sus hijos. El mediador se reunirá con usted y el otro padre para tratar de ayudarles a que hagan un plan de crianza. Puede haber un curso de orientación que ofrece información adicional sobre el proceso.

Si le preocupa estar con el otro padre en la mediación, o si hay violencia en el hogar o una orden de protección que involucre al otro padre, puede pedir reunirse a solas con el mediador y sin el otro padre. También puede pedir que haya una persona de apoyo para que la acompañe durante la mediación. Esta persona de apoyo no puede hablar por usted.

### ¿Tenemos que llegar a un acuerdo sobre un plan de crianza en la mediación?

No. No tiene que llegar a un acuerdo en la mediación. Cuando los padres no pueden ponerse de acuerdo, el juez tomará la decisión. Para obtener asesoramiento legal, póngase en contacto con un abogado. Si necesita información sobre cómo funciona el proceso en su corte, consulte con el centro de ayuda o los servicios de la corte familiar.

**?Hay otras maneras de resolver su disputa?**

Si. Puede probar algunos de los métodos alternativos para resolver conflictos (ADR, por sus siglas en inglés), como:

**1. Reunirse y hablar:** Los padres y sus abogados (si los tienen) pueden reunirse en cualquier momento y con la frecuencia necesaria para elaborar un plan de crianza sin una audiencia en la corte. Si hay una orden de protección que limita el contacto entre los padres, los padres pueden “reunirse y hablar” a través de sus abogados o un mediador, en sesiones separadas.

**2. Conferencia para llegar a un acuerdo:** En algunas cortes, los padres se pueden reunir con un juez, evaluadores neutrales o abogados de casos de familia no involucrados en el caso, para tratar de llegar a un acuerdo. Consulte con su corte local para averiguar si tiene esta opción. Si tiene una orden de protección, las conversaciones para llegar a un acuerdo pueden efectuarse por medio de los abogados o un mediador, en sesiones separadas.

**3. Mediación privada:** Los padres pueden contratar a un mediador privado para que los ayude a resolver su disputa.

**4. Proceso de derecho colaborativo:** Cada padre contrata a un abogado y se llega a un acuerdo para resolver la disputa sin ir a la corte. Los padres también pueden contratar a otros expertos.

**Audiencia en la corte**

Cuando los padres no pueden llegar a un acuerdo por su cuenta sobre un plan de crianza, en la mediación o en algún otro proceso ADR, el juez tomará la decisión.

Si hay violencia en el hogar o una orden de protección, uno de los padres puede llevar a una persona para que lo apoye en la audiencia de la corte, pero esa persona no puede hablar en su nombre.



**Solicitud de modificaciones**

Están disponibles: sistemas para ayudarle a escuchar, sistemas computarizados que emiten subtítulos en tiempo real, o la ayuda de un intérprete del lenguaje de señas si los solicita al menos cinco días antes del procedimiento. Comuníquese con la oficina del secretario de la corte o vaya a: [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) para conseguir el formulario *Solicitud de modificaciones para personas con discapacidades y Respuesta* (formulario MC-410). (Código Civil, § 54.8).

**?Dónde puedo obtener ayuda?**

Esta hoja informativa solo le proporciona información básica sobre el proceso de custodia de los hijos, y no se considera asesoramiento legal. Si quiere asesoramiento legal, pídale ayuda a un abogado. Si necesita otra información, puede:

1. Ponerse en contacto con los servicios de la corte familiar.
2. Ponerse en contacto con el asistente de derecho familiar o el centro de ayuda para obtener más información, formularios de la corte y las reglas locales, y remisiones a proveedores locales de servicios legales.
3. Encontrar a un abogado llamando al Colegio de Abogados de California en <http://calbar.ca.gov>, o llamando al Servicio de Remisión a Abogados al 1-866-442-2529.
4. Contratar a un mediador privado para obtener ayuda con su acuerdo de crianza. El mediador puede ser un abogado o consejero. Póngase en contacto con el Colegio de Abogados de su zona, el programa de ADR de la corte o los servicios de la corte familiar, para obtener una remisión a recursos locales.
5. Buscar información en el sitio web del centro de ayuda, [www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp).
6. Para obtener ayuda legal gratis o de bajo costo (si está calificado), visite [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org).
7. Buscar información en la biblioteca legal de su zona o preguntar en su biblioteca pública.
8. Pedir una audiencia en la corte y dejar que el juez decida qué es lo mejor para su hijo.

EXAMPLE  
FORMS  
EXPLAINING  
HOW TO  
FILL OUT  
THE  
ACTUAL  
FORMS





ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>PRINT OR TYPE YOUR NAME HERE</b> <b>PRINT OR TYPE YOUR ADDRESS</b> <b>CITY, STATE AND ZIP CODE</b> TELEPHONE NO. (Optional): <b>YOUR PHONE #</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <b>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: <b>PRINT OR TYPE PETITIONER'S NAME HERE</b>  RESPONDENT: <b>PRINT OR TYPE RESPONDENT'S NAME HERE</b>	
<b>RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN</b>	CASE NUMBER: <b>Enter your court case # here</b>
<b>NOTICE: This action will not terminate a marriage or establish a parental relationship.</b>	

- 1. Jurisdiction for bringing action** **Read each question carefully & mark the appropriate box's and answer each question.**
- a. Petitioner is the  mother  father of the minor children.  
 b. Respondent is the  mother  father of the minor children.
2. a.  Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation or nullity.  
 b.  Petitioner and respondent have signed a Voluntary Declaration of Paternity regarding the minor children, and no other action is pending in any other court. (Attach a copy of declaration)  
 c.  Petitioner and respondent are not married and have legally adopted a child together.  
 d.  Petitioner and respondent have been determined to be the parents in a juvenile or governmental child support case number \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Country (if not the United States) \_\_\_\_\_

**3. The following minor children are the subject of this action:**

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
<b>List all children you have together here</b>			
<b>Example:</b>			
<b>John Doe Jr.</b>	<b>1-1-2004</b>	<b>1</b>	<b>M</b>

- Continued on Attachment 3.
4. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.
5. **Child custody and visitation.** I request the following orders:
- |                                    |                          |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                    | Petitioner               | Respondent               | Joint                    | Other                    |
| a. Legal custody of children to    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation of children with     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- (1) The proposed schedule for visitation is as follows:  
 See the attached form FL-311, *Child Custody and Visitation Attachment*.

PETITIONER/PLAINTIFF: <b>PRINT OR TYPE PETITIONER'S NAME HERE</b> RESPONDENT/DEFENDANT: <b>PRINT OR TYPE RESPONDENT'S NAME HERE</b>	CASE NUMBER: <b>Enter your court case # here</b>
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**Answer each question below.**

5. d.  I request that visitation be supervised with the following persons, with the following restrictions:

Continued on Attachment 5d.

- 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.

**6. Fees and cost of litigation**

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

7. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. *A completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) is attached.*

8. Other (specify) :

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

Date: **DON'T FORGET TO SIGN AND DATE ALL FORMS**

**PRINT OR TYPE YOUR NAME HERE**  
(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, State Bar number, and address):  <b>Print or Type your Name here</b> <b>Print or Type your Address here</b> <b>City State and Zip Code</b>  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>In Pro Per</b>	FOR COURT USE ONLY  <b>Please make sure to answer each section appropriately. If you have more than two children you will also need form FL-105 A.</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>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>	
(This section applies only to family law cases.) PETITIONER: <b>Print or type your name here</b> RESPONDENT: <b>Print or type the other Party's name here</b> OTHER PARTY: _____	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **# of children** minor children who are subject to this proceeding, as follows:  
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name <b>list first child's name here.</b>		Place of birth <b>example: Madera, CA</b>	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
b. Child's name <b>list second child's name here.</b>		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

- c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d.  Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: <b>Last Name vs. Last Name.</b>	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

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

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

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

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

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

a. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	b. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	c. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Date: \_\_\_\_\_

**Print or sign your name here.** \_\_\_\_\_ **▶** \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

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

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

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>In this section your will fill out your information</b>  <b>Print or type your name here</b>  <b>Print or type your address here</b>  <b>Your City, State and Zip Code</b>  TELEPHONE NO.: <b>Your Phone # here</b>  E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name): <b>In Pro Per</b></p>	<p><i>FOR COURT USE ONLY</i></p> <p>This form is a sample form to better assist you in filling out the form. Please read every question carefully and answer the ones that apply to you to the best of your ability.</p>
<p><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></p>	<p>CASE NUMBER:  <b>Print or type your case # here</b></p>
<p>PETITIONER/PLAINTIFF: <b>Print or type the Petitioner's name here</b>  RESPONDENT/DEFENDANT: <b>Print or type the Respondent's name here</b>  OTHER PARENT/CLAIMANT:</p>	
<p style="text-align: center;"><b>INCOME AND EXPENSE DECLARATION</b></p>	

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

**Please make sure to answer each section on this form. Including all the numbers and letters that apply to you.**

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

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- c. Number of years of college completed (specify):  Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify):  Degree(s) obtained (specify):
- e. I have:  professional/occupational license(s) (specify):  
 vocational training (specify):

**3. Tax information**

- a.  I last filed taxes for tax year (specify year):
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name):
- c. I file state tax returns in  California  other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

**4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

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

Date: **don't forget to date your form when you sign it.**

Print or type your name here  
(TYPE OR PRINT NAME)

**▶ sign your name here**  
(SIGNATURE OF DECLARANT)

INCOME AND EXPENSE DECLARATION

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.)

Average monthly Last month

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)  currently receiving \$

e. Spousal support  from this marriage  from a different marriage \$

f. Partner support  from this domestic partnership  from a different domestic partnership \$

g. Pension/retirement fund payments \$

h. Social security retirement (not SSI) \$

i. Disability:  Social security (not SSI)  State disability (SDI)  Private insurance. \$

j. Unemployment compensation \$

k. Workers' compensation \$

l. Other (military BAQ, royalty payments, etc.) (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 \$

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,  real and  personal (estimate fair market value minus the debts you owe) \$

PETITIONER/PLAINTIFF: Print or type the Petitioner's name here	RESPONDENT/DEFENDANT: Print or type the Respondent's name here	OTHER PARENT/CLAIMANT:
CASE NUMBER: Print or type your case # here		

PETITIONER/PLAINTIFF: <b>Print or type the Petitioner's name here</b> RESPONDENT/DEFENDANT: <b>Print or type the Respondent's name here</b> OTHER PARENT/CLAIMANT:	CASE NUMBER: <b>Print or type your case # here</b>
--	---

**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)  Rent or  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) \$ \_\_\_\_\_ **0.00**

q. Other (specify) : .....\$ \_\_\_\_\_

r. **TOTAL EXPENSES (a-q)** (do not add in the amounts in a(1)(a) and (b)) \$ \_\_\_\_\_ **0.00**

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

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

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

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

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

I confirm this fee arrangement.

Date:

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

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

INCOME AND EXPENSE DECLARATION

20. Other information I want the court to know concerning support in my case (specify) :

The expenses listed in a, b and c create an extreme financial hardship because (explain) :

(3) Child support I receive for those children ..... \$

(2) Names and ages of those children (specify) :

c. (1) Expenses for my minor children who are from other relationships and are living with me ..... \$

b. Major losses not covered by insurance (examples: fire, theft, other insured loss) ..... \$

a. Extraordinary health expenses not included in 18b ..... \$

For how many months?

Amount per month

19. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

d. Children's educational or other special needs (specify below) : ..... \$

c. Travel expenses for visitation ..... \$

b. Children's health care not covered by insurance ..... \$

a. Child care so I can work or get job training ..... \$

Amount per month

18. Additional expenses for the children in this case

(Do not include the amount your employer pays.)

d. The monthly cost for the children's health insurance is or would be (specify) : \$

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:

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.)

(NOTE: Fill out this page only if your case involves child support.)

CHILD SUPPORT INFORMATION

PETITIONER/PLAINTIFF: Print or type the Petitioner's name here  
RESPONDENT/DEFENDANT: Print or type the Respondent's name here

OTHER PARENT/CLAIMANT:

CASE NUMBER:

Print or type your case # here



<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p><b>In this section you will fill out your information</b>  <b>Print or type your name here</b>  <b>Print or type your address here</b>  <b>Your City, State and Zip Code</b></p> <p>TELEPHONE NO.: <b>Your Phone # here</b>      FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name): <b>In Pro Per</b></p>	<p><i>FOR COURT USE ONLY</i></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera</b></p> <p>STREET ADDRESS: <b>200 South G Street</b></p> <p>MAILING ADDRESS: <b>Same</b></p> <p>CITY AND ZIP CODE: <b>Madera, CA 93637</b></p> <p>BRANCH NAME: <b>Civil Division</b></p>	<p>CASE NUMBER:</p> <p><b>Print or type your case # here</b></p>
<p>PETITIONER/PLAINTIFF: <b>Print or type the Petitioner's name here</b></p> <p>RESPONDENT/DEFENDANT: <b>Print or type the Respondent's name here</b></p> <p>OTHER PARENT/PARTY:</p>	<p>(If applicable, provide):</p> <p>HEARING DATE: <b>leave this section blank</b></p> <p>HEARING TIME: <b>unless you have a court</b></p> <p>DEPT.: <b>date to input here.</b></p>
<p><b>PROOF OF SERVICE BY MAIL</b></p>	

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:  
**The person who is over the date of 18 whom will be doing the service by mail for you will input their address here including their city, state and zip code.**
3. I served a copy of the following documents (*specify*):  
**you will print or type the forms you are serving on the other party here.**  
**Example: Response to Petition for Custody and Support of Minor Children, UCCJEA, Income and Expense Declaration.**  
**(Look on the bottom of each form it will tell you the name of each form)**  
 by enclosing them in an envelope AND
  - a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
  - a. Name of person served: **The name of the party whom is being served goes here**
  - b. Address: **his/her address needs to go here so the court knows the party was properly served**
  - c. Date mailed: **the date to documents were mailed**
  - d. Place of mailing (*city and state*): **the city and state where the documents were mailed from.**
5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **make sure your server dates the form when signing**

**The full name of your server goes here** \_\_\_\_\_ **your server will sign this form** \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)



ACTUAL  
FORMS TO  
BE TYPED  
OR PRINTED  
NEATLY IN  
BLACK INK



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO:	FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.
ATTORNEY FOR (NAME): SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: MADERA, CA 93637	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>CONFIDENTIAL DECLARATION</b>	CASE NUMBER:

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

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

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

Petitioner (name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Alia (if any): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
 Female  Male  Need Interpreter (if so, what language? \_\_\_\_\_ )

Respondent (name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Alia (if any): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
 Female  Male  Need Interpreter (if so, what language? \_\_\_\_\_ )

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 Your Name)

\_\_\_\_\_  
(Sign Your Name)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ 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: 200 South G Street MAILING ADDRESS: SAME CITY AND ZIP CODE: MADERA CA 93637 BRANCH NAME: CIVIL DIVISION	
PETITIONER:  RESPONDENT:	
<b>RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN</b>	CASE NUMBER: _____
<b>NOTICE: This action will not terminate a marriage or establish a parental relationship.</b>	

**1. Jurisdiction for bringing action**

- a. Petitioner is the  mother  father of the minor children.
- b. Respondent is the  mother  father of the minor children.

- 2. a.  Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation or nullity.
- b.  Petitioner and respondent have signed a Voluntary Declaration of Paternity regarding the minor children, and no other action is pending in any other court. (Attach a copy of declaration)
- c.  Petitioner and respondent are not married and have legally adopted a child together.
- d.  Petitioner and respondent have been determined to be the parents in a juvenile or governmental child support case number \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Country (if not the United States) \_\_\_\_\_

**3. The following minor children are the subject of this action:**

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
---------------------	----------------------	------------	------------

Continued on Attachment 3.

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

**5. Child custody and visitation. I request the following orders:**

- |                                    | Petitioner               | Respondent               | Joint                    | Other                    |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation of children with     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(1) The proposed schedule for visitation is as follows:

- See the attached form FL-311, Child Custody and Visitation Attachment.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

5. d.  I request that visitation be supervised with the following persons, with the following restrictions:

Continued on Attachment 5d.

- 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.

6. **Fees and cost of litigation**

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

7. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. *A completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) is attached.*

8. 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, State Bar number, and address):  TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: 200 South G Street MAILING ADDRESS: SAME CITY AND ZIP CODE: MADERA CA 93637 BRANCH NAME: CIVIL DIVISION	
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows:  
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

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

- c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d.  Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

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

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

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

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

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

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

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

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: SAME CITY AND ZIP CODE: MADERA CA 93637 BRANCH NAME: CIVIL DIVISION	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

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

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- c. Number of years of college completed (specify):  Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify):  Degree(s) obtained (specify):
- e. I have:  professional/occupational license(s) (specify):  
 vocational training (specify):

**3. Tax information**

- a.  I last filed taxes for tax year (specify year):
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name):
- c. I file state tax returns in  California  other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

**4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

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

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME) ▶ (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)**

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

	Last month	Average monthly
a. Salary or wages (gross, before taxes) . . . . .	\$ _____	_____
b. Overtime (gross, before taxes) . . . . .	\$ _____	_____
c. Commissions or bonuses . . . . .	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving . . . . .	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage . . . . .	\$ _____	_____
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 BAQ, royalty payments, etc.) (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 . . . . .	\$ _____
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) . . . . .	\$ _____

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

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

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

- |   |   |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|---|---|

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

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

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

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

I confirm this fee arrangement.

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

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

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

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER 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 expenses for the children in this case**

	Amount per month
a. Child care so I can work or get job training. ....	\$ _____
b. Children's health care not covered by insurance .....	\$ _____
c. Travel expenses for visitation .....	\$ _____
d. Children's educational or other special needs ( <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 (examples: fire, theft, other insured loss) .....	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me .....	\$ _____	_____
(2) Names and ages of those children ( <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*):**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ 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/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  (If applicable, provide):
<b>PROOF OF SERVICE BY MAIL</b>	HEARING DATE: HEARING TIME: DEPT.:

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*) :

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (*city and state*):

5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

6. 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 PERSON COMPLETING THIS FORM)





**REQUEST FOR INTERPRETER**

(Civil)

(For Court Use Only)

**CASE INFORMATION:**

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

Case Name: \_\_\_\_\_

**HEARING INFORMATION:**

Hrg. Type: \_\_\_\_\_

Hrg. Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dept.: \_\_\_\_\_

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

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

\*Include town of origin for indigenous language: \_\_\_\_\_

**INTERPRETER NEEDED FOR:**

- Plaintiff/Petitioner  
 Defendant/Respondent

Witness(es) Time Estimate: \_\_\_\_\_

**REQUESTING PARTY'S INFORMATION:**

Name: \_\_\_\_\_

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

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

**Interpreter Coordinator Contact Information**

**Please email this request to:**

Interpreter.Madera@madera.courts.ca.gov  
(559) 232-0686 – Interpreter Phone

