

Instructions For Responding to Petition to Establish Parental Relationship

WHEN TO USE THIS PACKET

Use this packet if you are **not married to the other parent of the child and if you want to:**

- Respond to the Petition to Establish paperwork served on you

There is a first time filing fee for filing the enclosed forms, unless you are eligible for a “**Fee Waiver**” which is available as a separate packet.

STEPS IN RESPONDING TO PATERNITY:

The forms in this packet can be used to respond to documents served on you by the other parent to establish paternity.

You have 30 days after the date the documents were served on you to file a response.

- You will need to complete the paper work enclosed with this packet;
- Have it reviewed for completeness and correctness;
- Make 2 copies and have someone *other than you* mail a copy of your Response to the other parent and complete the Proof of Service;
- File your original Response and the Proof of Service.
- Pay a filing fee to file these papers unless you qualify for a fee waiver.

FORMS NEEDED:

Response to Petition to Establish Parental Relationship
Declaration under UCCJEA
Proof of Service by Mail

FL-220
FL-105
FL-335

SAMPLE FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">1</div> <div style="font-size: x-small;">TELEPHONE NO. _____ FAX NO. (Optional) _____</div> <div style="font-size: x-small;">E-MAIL ADDRESS (Optional) _____</div> <div style="font-size: x-small;">ATTORNEY FOR (Name) _____</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2</div> <div style="font-size: x-small;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</div> <div style="font-size: x-small;">STREET ADDRESS _____</div> <div style="font-size: x-small;">MAILING ADDRESS _____</div> <div style="font-size: x-small;">CITY AND ZIP CODE _____</div> <div style="font-size: x-small;">BRANCH NAME _____</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">3</div> <div style="font-size: x-small;">PETITIONER: _____</div> <div style="font-size: x-small;">RESPONDENT: _____</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">4</div> <div style="font-size: x-small;">RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)</div> </div>	<div style="border: 1px solid black; height: 100px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">5</div> <div style="font-size: x-small;">CASE NUMBER</div> </div>	

1. The children are (name each):

a. Child's name	Date of birth	Age	Sex
4			

b. ☐ A child who is not yet born

2. The petitioner is

a. ☐ the mother of the children listed above.

b. ☐ the father of the children listed above.

c. ☐ not certain whether he or she is the biological parent of the children listed above.

d. ☐ the child or child's representative (specify court and date of appointment).

e. ☐ other (specify): _____

3. The respondent

a. ☐ lives in the State of California.

b. ☐ was in California when the listed children were conceived.

c. ☐ neither a nor b

d. ☐ other (specify): _____

4. The children

a. ☐ live or are in this county.

b. ☐ are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.

5. The respondent is

a. ☐ the father of the children listed in item 1 above.

b. ☐ the mother of the children listed in item 1 above.

c. ☐ not certain if he or she is the parent of the children listed in item 1 above.

d. ☐ not the parent of the children listed in item 1 above.

e. ☐ other (specify): _____

6. Additional statements

a. ☐ Parentage has been established by a Voluntary Declaration of Paternity (attach copy).

b. ☐ Parentage has been established in another case ☐ governmental child support ☐ other (specify): _____

c. ☐ Public assistance is being provided to the children.

Form Approved for Optional Use
 Judicial Branch of California
 FL-223 (Rev. January 1, 2005)

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP
 (Uniform Parentage)

Page 1 of 2
 Family Code § 7600
 www.courtinfo.ca.gov

How to fill out

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-220)

DIRECTIONS:

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

If you know the CASE NUMBER fill it in. If not known, leave it blank

- ① Write your name and address. You may fill in your phone number, email and fax if you want to.
- ② If it is not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street, Madera CA 93637 The Branch Name is: Civil Division
- ③ Write the other parents' name after "Petitioner." Write your name after "Respondent."
- ④ Write the name, date of birth, age and sex of each child included on this petition
- ⑤ Check one box that indicates who the petitioner is. Check box "a" if the petitioner is the mother of the child; box "b" if petitioner is the father and so on.
- ⑥ The court must have jurisdiction over both parties before they can make orders in this case. Check each box that is appropriate to your circumstances. Check box "a" if you reside in the State of California and so on.
- ⑦ Check box "a" if the child lives in this county or is currently in this county. Check box "b" if one of the parents is deceased and there is or could be a probate case in this county.
- ⑧ Check one box that indicates who the respondent is. Check box "a" if the respondent is the father of the child; box "b" if petitioner is the mother and so on.
- ⑨ Check the appropriate box for any statement that applies to this case.

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-220)

-PAGE TWO-
DIRECTIONS:

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

How to fill out

- Check all of the following boxes that apply:
- Check one of the boxes in a if you are requesting a court order that someone is the parent
 - Check one of the boxes in b if you are requesting an order that someone is not the parent
 - Check box c is you are requesting a genetic test to determine if someone is the parent
 - Check the box of the party you are requesting a paternity order for.
 - Check the box to show who you want to have legal custody of the child(ren). If you want joint legal custody check the joint legal custody box. Legal custody is the right to make decisions regarding what school the children go to, what doctor they see, which church they belong to, etc...
 - Check the box to show who you want to have physical custody of the child(ren). If you want joint physical custody check the joint physical custody box. "Physical custody" is who the child lives with.
 - Check the box that explains the type of visitation orders you are asking the court to make.
 - Check (1) if you are requesting the other party have "no visitation".
 - Check (2) if you are requesting the other party have reasonable visitation.
 - Check the correct box in (3) for the person who will have visitation rights. Write in the specific visitation schedule requested.
 - Check (4) if you are requesting any visitation restrictions, i.e. supervised. Write in the specific restrictions requested.
 - Check (5) if you would like the court to order that you and the other parent go to mediation to work out a custody and visitation plan.

FL-220
RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)

NOTE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support means the child support order will be based upon information supplied by the other parent. Any party refusing to provide the child support information will be held in contempt of court.

10 percent

11 Name change. ☐ The child's name should be changed, according to Family Code section 7538, 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 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

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

15 Other orders requested (specify): _____

16 Fees and costs of litigation

a. Attorney fees should be paid by ☐ Petitioner ☐ Respondent ☐ Both

b. Expert fees, quantum and item fees, and other costs of the action or pending proceedings should be paid by ☐ Petitioner ☐ Respondent ☐ Both

17 Reasonable expenses of pregnancy and birth

a. ☐ Petitioner ☐ Respondent ☐ Both

b. ☐ I request mediation to work out a parenting plan.

18 Visitation should occur with the following restrictions (specify): _____

(1) ☐ None

(2) ☐ Reasonable visitation

(3) ☐ Petitioner ☐ Respondent

d. Visitation of the children should be as follows:

a. ☐ Petitioner ☐ Respondent ☐ Other ☐ Joint

b. Legal custody of the children should go to ☐ Petitioner ☐ Respondent ☐ Joint

c. Physical custody of the children should go to ☐ Petitioner ☐ Respondent ☐ Joint

19 Child custody and visitation

a. ☐ Petitioner ☐ Respondent ☐ Other ☐ Joint

b. ☐ Petitioner ☐ Respondent ☐ Other ☐ Joint

c. ☐ Petitioner ☐ Respondent ☐ Other ☐ Joint

20 Parent-child relationship (check all that apply):

a. ☐ Petitioner ☐ Respondent ☐ Other (specify): _____

b. ☐ Petitioner ☐ Respondent ☐ Other (specify): _____

c. ☐ Petitioner ☐ Respondent ☐ Other (specify): _____

21 The respondent requests that the court make the orders listed below.

RESPONDENT: _____

PETITIONER: _____

CASE NUMBER: _____

How to fill out

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-220)

-PAGE TWO CONT.-

DIRECTIONS:

► Find a number on the sample form. *Example:* ①

► Go to the same number below to find out how to fill out the form

► Type or print in blue or black ink

If you know the CASE NUMBER fill it in. If not known, leave it blank

PETITIONER RESPONDENT	CASE NUMBER: FL-220
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The respondent requests that the court make the orders listed below.

7. Parent-child relationship (check all that apply):

a. ☐ Respondent ☐ Petitioner ☐ Other (specify): _____ is the parent of the children listed in item 1.

b. ☐ Respondent ☐ Petitioner ☐ Other (specify): _____ is not the parent of the children listed in item 1.

c. ☐ Respondent requests genetic (blood) tests to determine whether the ☐ petitioner ☐ respondent is the parent of the children listed.

8. Child custody and visitation:

a. If ☐ Petitioner ☐ Respondent ☐ Other is found to be the parent of the children listed in item 1.

b. Legal custody of the children should go to ☐ Petitioner ☐ Respondent ☐ Joint ☐ Other

c. Physical custody of the children should go to ☐ Petitioner ☐ Respondent ☐ Joint ☐ Other

d. Visitation of the children should be as follows:

(1) ☐ None

(2) ☐ Reasonable visitation

(3) ☐ Petitioner ☐ Respondent should have the right to visit the children as follows (specify): _____

(4) ☐ Visitation should occur with the following restrictions (specify): _____

(5) ☐ I request mediation to work out a parenting plan.

13. Reasonable expenses of pregnancy and birth should be paid by ☐ Petitioner ☐ Respondent ☐ Both

14. Fees and costs of litigation:

a. Attorney fees should be paid by ☐ Petitioner ☐ Respondent ☐ Both

b. Expert fees, guardian ad litem fees, and other costs of the action or prelit proceedings should be paid by ☐ Petitioner ☐ Respondent ☐ Both

15. 11. Name change ☐ The children's names should be changed, according to Family Code section 7638, as follows (specify old and new names): _____

16. 12. Other orders requested (specify): _____

17. 13. 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 (form 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.

FD-220 (Rev. January 1, 1995) RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage) Page 2 of 2

- 13) 9) Check one of these boxes if you are asking that the court order one of the parties or both to pay the costs of the pregnancy and birth.
- 14) 10) Check one of the boxes in (a) if you are asking the court to order one of the parties or both to pay the attorney's fees for this case.
Check one of the boxes in (b) if you are asking the court to order one of the parties or both to pay the costs for this case.
- 15) 11) Check this box if you are requesting that the child's name be changed and write in the child's old name and new name.
- 16) 12) Write in any other orders you would like the court to make
- 17) 13) There is nothing to write here.
- 18) Write the date, print your name and sign the document.

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

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

DIRECTIONS:

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

FL-105/GC-120
PGE COURT USE ONLY

<p>1. PETITIONER (or Respondent) (Print name, address, telephone number) 2. COUNTY OF CALIFORNIA, COUNTY OF 3. PETITIONER: RESPONDENT: OTHER PARTY:</p>	<p>4. CASE NUMBER</p>
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DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

1. I am a party to this proceeding to determine custody of a child.

2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3426 as I have indicated in item 6.

3. There are (total) number: 6 minor children who are subject to this proceeding, as to each: (insert the information requested below. The residence information must be given for the last FIVE years.)

Child's name	Address	Person child lives with (name and complete current address)	Relationship
11. In present	12. Confidential	13. Confidential	14. Confidential
11. In	12. Confidential	13. Confidential	14. Confidential
11. In	12. Confidential	13. Confidential	14. Confidential
11. In	12. Confidential	13. Confidential	14. Confidential
11. In	12. Confidential	13. Confidential	14. Confidential

15. ☐ Resident information for a child listed in item 6 or 15 is continued on attachment 3c.

16. ☐ Additional residence information for a child listed in item 6 or 15 is continued on attachment 3c.

17. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide as requested information for additional children.)

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

Page 1 of 4
Family Code, Section 3426
Revised (July 1993) 1013
www.courtinfo.ca.gov

- 1 Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
- 2 If not filled in for you, print Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637
- 3 Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
- 4 Leave this box blank.
- 5 If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items 12 & 13.
- 6 Fill in the number of minor children from this relationship (minor children – under age 18).
- 7 For the oldest child, fill in the first and last name.
- 8 Fill in the city and state where this child was born.
- 9 Fill in the child's date of birth (MM/DD/YY).
- 10 If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.

For 11 through 14 give information from now to the past 5 years, working backward:

- 11 The beginning and ending date the child lived at the address (from when to when at that address).
- 12 For the dates you listed, print the city and state where the child lived.
- 13 Name of person(s) (adult) the child lives or lived with and the physical addresses.
- 14 Relationship means how the adult is related to the child. For example, mother or father.
- 15 If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from 7. to 10. . If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from 11. to 14. .
- 16 If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
- 17 If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

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

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UDCJEA) Page 1 of 2	
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.	
(Type one parent name) _____ is guardian or declarant.	
I declare under penalty of perjury that the facts of California that the foregoing is true and correct.	
Date: _____	
23 a. Name and address of person	
b. Name and address of person	
c. Name and address of person	
22 d. Do you know of any person who is not a party to this proceeding who has rights or claims to the custody of or visitation rights with any child in this case?	
e. Do you know of any person who is not a party to this proceeding who has rights or claims to the custody of or visitation rights with any child in this case?	
21 f. Court	
g. Court	
h. Court	
i. Court	
j. Court	
k. Court	
l. Court	
m. Court	
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o. Court	
p. Court	
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bp. Court	
bq. Court	
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bx. Court	
by. Court	
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cn. Court	
co. Court	
cp. Court	
cq. Court	
cr. Court	
cs. Court	
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dg. Court	
dh. Court	
di. Court	
dj. Court	
dk. Court	
dl. Court	
dm. Court	
dn. Court	
do. Court	
dp. Court	
dq. Court	
dr. Court	
ds. Court	

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

CASE NUMBER: _____

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

1 ☐ Provide a declaration in this form as given on both
FL-105(A)/GC-120(A) and a 97507 (No declaration, please do
not submit this form.)

Parent of children	Child's name	Date of birth	Sex
1a	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (Name and complete current address)	Relationship
1b	Child's residence (City, State)	Person child lived with (Name and complete current address)	
1c	Child's residence (City, State)	Person child lived with (Name and complete current address)	
1d	Child's residence (City, State)	Person child lived with (Name and complete current address)	

Parent of children	Child's name	Date of birth	Sex
2a	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (Name and complete current address)	Relationship
2b	Child's residence (City, State)	Person child lived with (Name and complete current address)	
2c	Child's residence (City, State)	Person child lived with (Name and complete current address)	
2d	Child's residence (City, State)	Person child lived with (Name and complete current address)	

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

Page 1 of 1
Form Court 88-0001
Print Date 88-0001

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

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

DIRECTIONS:

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

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

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- Find the number on the sample form.

Example: ❶

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

- Type or print in blue or black ink

FL-335

1 Write your name, address and telephone number.

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

3 Write the names of the parties. You are "Petitioner" if you started the case. You are the "respondent" if you are responding to the Petitioner. You may also be a "claimant" if the County of Fresno is the Petitioner or you are joined as a third party to the case.

4 The person who serves the papers for you will write their name and address here.

5 Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)

6 The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.

7 If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.

8 The person who mailed the papers will date, print and sign their names.

NOTE: the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address and telephone number.
- ❷ If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637. The Branch Name is: Civil Division.
- ❸ Write the names of the parties. You are "Petitioner" if you started the case. You are the "respondent" if you are responding to the Petitioner. You may also be a "claimant" if the County of Fresno is the Petitioner or you are joined as a third party to the case.
- ❹ The person who serves the papers for you will write their name and address here.
- ❺ Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)
- ❻ The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.
- ❼ If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.
- ❽ The person who mailed the papers will date, print and sign their names.

ACTUAL
FORMS TO
FILL OUT,
PLEASE
TYPE OR
PRINT
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:	
CONFIDENTIAL DECLARATION	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.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): In Pro Per	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: RESPONDENT:	
RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)	CASE NUMBER:

1. The children are (name each):

<u>a. Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
b. <input type="checkbox"/> A child who is not yet born			
2. The petitioner is
 - a. ☐ the mother of the children listed above.
 - b. ☐ the father of the children listed above.
 - c. ☐ not certain whether he or she is the biological parent of the children listed above.
 - d. ☐ the child or child's representative (specify court and date of appointment):
 - e. ☐ other (specify):
3. The respondent
 - a. ☐ lives in the State of California.
 - b. ☐ was in California when the listed children were conceived.
 - c. ☐ neither a nor b
 - d. ☐ other (specify):
4. The children
 - a. ☐ live or are in this county.
 - b. ☐ are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
5. The respondent is
 - a. ☐ the father of the children listed in item 1 above.
 - b. ☐ the mother of the children listed in item 1 above.
 - c. ☐ not certain if he or she is the parent of the children listed in item 1 above.
 - d. ☐ not the parent of the children listed in item 1 above.
 - e. ☐ other (specify):
6. Additional statements
 - a. ☐ Parentage has been established by a Voluntary Declaration of Paternity (attach copy).
 - b. ☐ Parentage has been established in another case ☐ governmental child support ☐ other (specify):
 - c. ☐ Public assistance is being provided to the children.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

The respondent requests that the court make the orders listed below.

7. Parent-child relationship (check all that apply) :

- a. ☐ Respondent ☐ Petitioner ☐ Other (specify) : _____ is the parent of the children listed in item 1.
- b. ☐ Respondent ☐ Petitioner ☐ Other (specify) : _____ is not the parent of the children listed in item 1.
- c. ☐ Respondent requests genetic (blood) tests to determine whether the ☐ petitioner ☐ respondent is the parent of the children listed.

8. Child custody and visitation

- a. If ☐ Petitioner ☐ Respondent ☐ Other is found to be the parent of the children listed in item 1:
- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Petitioner | Respondent | Joint | Other |
| b. Legal custody of the children should go to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical custody of the children should go to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- d. Visitation of the children should be as follows:
- (1) ☐ None
- (2) ☐ Reasonable visitation
- (3) ☐ Petitioner ☐ Respondent should have the right to visit the children as follows (specify) :

(4) ☐ Visitation should occur with the following restrictions (specify) :

(5) ☐ I request mediation to work out a parenting plan.

9. Reasonable expenses of pregnancy and birth

Reasonable expenses of pregnancy and birth should be paid by

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

10. Fees and costs of litigation

- a. Attorney fees should be paid by
- b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings should be paid by

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

11. Name change. ☐ The children's names should be changed, according to Family Code section 7638, as follows (specify old and new names) :

12. Other orders requested (specify) :

13. 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* (form 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.

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO.(Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **In Pro Per**

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**

(This section applies only to family law cases.)

PETITIONER:

RESPONDENT:

OTHER PARTY:

(This section applies only to guardianship cases.)

GUARDIANSHIP OF (Name):

Minor

CASE NUMBER:

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

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

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

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

Page 1 of 2

SHORT TITLE:

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

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

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

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

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

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

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

CASE NAME:

CASE NUMBER:

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

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

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

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

Page _____ of _____

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: MADERA		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER:

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

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

- Employer:
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started:
- If unemployed, date job ended:
- I work about _____ hours per week.
- 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

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

3. Tax information

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

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

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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.)

	Last month	Average monthly
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.)		
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 <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> 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. <input type="checkbox"/> Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) :		
9. <input type="checkbox"/> Change in income. My financial situation has changed significantly over the last 12 months because (specify) :		
10. Deductions		
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		
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

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) \$_____

q. Other (specify): \$_____

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

s. Amount of expenses paid by others \$_____

14. Installment payments and debts not listed above

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

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

a. To date, I have paid my attorney this amount for fees and costs (specify): \$_____

b. The source of this money was (specify): _____

c. I still owe the following fees and costs to my attorney (specify total owed): \$_____

d. My attorney's hourly rate is (specify): \$_____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME 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 (specify below): \$ _____

19. Special hardships, I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
(2) Names and ages of those children (specify): _____

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per			
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:		CASE NUMBER:	
RESPONDENT/DEFENDANT:		(If applicable, provide):	
OTHER PARENT/PARTY:		HEARING DATE:	
PROOF OF SERVICE BY MAIL		HEARING TIME:	
		DEPT.:	

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

- 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.
- My residence or business address is:

- I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- ☐ **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.

- The envelope was addressed and mailed as follows:

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

- ☐ 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.)

- 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)

Page 1 of 1

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

☐ Witness(es) Time Estimate: _____

☐ Defendant/Respondent

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

