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

Revised 12/31/2015

SAMPLE

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ETTY AND ZIP CODE.			
BRANCH NAME			
PETITIONER. RESPONDENT:	3		
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How to fill out

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

DIRECTIONS:

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

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

- Write your name and address. You may fill in your phone number, email and fax if you want to.
- 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."
- Write the name, date of birth, age and sex of each child included on this petition
- 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.
- 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.
- 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.
- Check the appropriate box for any statement that applies to this case.

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RELATIONSHIP TO ESTABLISH PARENTAL RESPONSE TO PETITION

(FL-220)

-PAGE TWO-

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RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP OTIOE: If you have a child from this relationship, the court is required to oxéev child support based broom to the presents before of think support order will be based of the order plant of the present of the party. Any party captivad to pay child support area or where or overdus embarration are the "Megal" rate, which is currently for court of the order or the present or overdus embarration are the "Megal" rate, which is currently Expert fees, guardien ad item tees, and offer costs
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7) Check one of these boxes if someone asking the court to make an order of paternity Check all of the following boxes that apply:

- a) Check one of the boxes in a if you are requesting a court order that someone is the parent
- b) 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
- custody check the joint legal custody box. Legal custody is the right to make decisions regarding b) Check the box to show who you want to have legal custody of the child(ren). If you want joint legal Check the box of the party your are requesting a paternity order for.
- physical custody check the joint physical custody box. "Physical custody" is who the child lives Check the box to show who you want to have physical custody of the child(ren). If you want joint what school the children go to, what doctor they see, which church they belong to, etc...
- 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
- Check (4) if you are requesting any visitation restrictions, i.e. supervised. Write in the specific visitation schedule requested.
- Check (5) if you would like the court to order that you and the other parent go to mediation to work restrictions requested.
- out a custody and visitation plan.

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How to fill out

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP

(FL-220)

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DIRECTIONS:

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

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

- 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.
 - 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.
- 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.
- 12) Write in any other orders you would like the court to make
- 13) There is nothing to write here.
- Write the date, print your name and sign the document.

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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:
- ▶ 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.
- Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
- If not filled in for you, print Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637
- Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
- Leave this box blank.
- 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.
- Till in the number of minor children from this relationship (minor children under age 18).
- For the oldest child, fill in the first and last name.
- Fill in the city and state where this child was born.
- Fill in the child's date of birth (MM/DD/YY).
- If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.

For 11 through 13 give information from now to the past 5 years, working backward:

- 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.
- Name of person(s) (adult) the child lives or lived with and the physical addresses.
- Relationship means how the adult is related to the child. For example, mother or father.
- If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from 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 12.
- 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.
- If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

(EF-102/CC-170) DECLARATION

- Page two -

DIKECTIONS:

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

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- mark the "No" box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the "Yes" box.
- If you check yes, mark the box next to the type of other case; the case number; the court's name, county, and state.

 Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.

If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else),

- If there is no current protective order (a restraining order) in effect, skip to . Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s). If you checked this box, mark the box that describes the type of court that gave the restraining order and give the
- county, state, case number, and the date the orders expire.

 If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the "No" box and skip to step .
- If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the "yes" box. Then print that person's name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)'s name(s) involved in this case.
- Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

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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:
- 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.

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.

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How to fill out

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

DIRECTIONS:

- Find the number on the sample form.

 Example:
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink

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

- 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.
- 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.
- The person who serves the papers for you will write their name and address here.
- 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..)
- 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.
- 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.
- The person who mailed the papers will date, print and sign their names.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and ACTELEPHOHE NO:	ddress):	FOR COURT USE ONLY NOTICE TO CLERK Place in confidential
		part of the court file.
ATTORNEY FOR (NAME):	7/05 144 0504	
SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF MADERA	
STREET ADDRESS: 200 South G Street		
MAILING ADDRES: 200 South G Street		
CITY AND ZIP CODE: MADERA, CA 93637		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
CONFIDENTIAL DECLARA	ATION	CASE NUMBER:
CONFIDENTIAL DECLARA	ATION	C. 62 110 1110 21 11
You are required to complete this <i>Confidential Dec</i> You are required to provide the social security nun will be kept in a confidential part of the court file a	nbers for yourself and your spo	ouse on this form if you know them. This form
After you have completed this form, you may red any future document or other written material file	act (block or cross out) any so d with the court.	ocial security number listed on this form from
You may not redact or change any previously filed	documents without a court ord	der.
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:	
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R	RESPONDENT:				
	RESPONSE TO PETITION TO ESTABLISH PARENTAL R (Uniform Parentage)	ELATIONSHIP	CASE NUMBER:		
4					
1,,,	The children are (name each): a. Child's name	Date of birth		<u>Age</u>	Sex
	a. Offind & Halfre				
2.,	b. A child who is not yet born 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 child or child's representative (specify court and date). the child or child's representative (specify court and date). other (specify): The respondent a. lives in the State of California. b. was in California when the listed children were conceived. neither a nor b d. other (specify):	te of appointment):	ve.		
4.	The children a. live or are in this county. b. are children of a parent who is deceased, and proceed in this county.	lings for administration o	of the estate ha	ive been or cou	ld be started
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):	ed in item 1 above.		3	
6.	Additional statements a. Parentage has been established by a Voluntary Declar b. Parentage has been established in another case	ration of Paternity <i>(attac</i> governmental child supp	h copy). port 🔲 other	(specify) :	
	c. Dublic assistance is being provided to the children.				

		FL-220
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): b. Respondent Petitioner Other (specify): c. Respondent requests genetic (blood) tests to determine whether the of the children listed.	is the parent of the children is not the parent of the child ne petitioner responder	
	the parent of the children listed in it espondent Joint the parent of the children listed in it it is provided by the children as follows (specify):	tem 1; Other
 (4) Visitation should occur with the following restrictions (specify): (5) I request mediation to work out a parenting plan. 		
(b) Trequest mediation to work out a parenting plan.		
Reasonable expenses of pregnancy and birth Reasonable expenses of pregnancy and birth should be paid by	titioner Respondent	Both
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	titioner Respondent	Both
11. Name change.	to Family Code section 7638, as fol	llows (specify old
12. Other orders requested (specify):		
 Child support. The court may make orders for support of the children and is to either party. 	ssue an earnings assignment withou	t further notice
have read the restraining order on the back of the Summons (form FL-210) and	I understand it applies to me.	
declare under penalty of perjury under the laws of the State of California that the	e 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 both parents. Support normally continues until the child is 18. You shou finances. Otherwise, the child support order will be based upon informat required to pay child support must pay interest on overdue amounts at the 10 percent.	ild supply the court with informati tion supplied by the other parent.	on about your Any party

FL-105/GC-12	FL	-1	05	/G	C-1	2	(
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					FL-105/GC-12
ATTORNEY OR PARTY WITHOU	IT ATTORNEY (Name, State Bar number, and ad	dress):		FOR COURT USE ON	ILY
TELEPHONE NO.:	500 vs. vs. vs. vs.				
E-MAIL ADDRESS (Optional):	FAX NO.(Optio	nal):		1	
ATTORNEY FOR (Name): In F	ro Per				
		Madera		-	
	O South G Street	Madera			
MAILING ADDRESS: Sal					
CITY AND ZIP CODE: Ma					
BRANCH NAME: CIV					
	(This section applies only to family	y law cases.)			
PETITIONER:				9	
RESPONDENT:					
OTHER PARTY:					
	(This section applies only to guard	lianship cases.)		CASE NUMBER:	
GUARDIANSHIP OF (Name			Minor		
	RATION UNDER UNIFORM C				
JURISDIC	CTION AND ENFORCEMENT	ACT (UCCJ	EA)		
1. I am a party to this pro	oceeding to determine custody of	a child.			
I have indicated	ess and the present address of e	ach child resid	ing with me is c	onfidential under Family Code sec	tion 3429 as
3. There are (specify num					
		minor childre	n who are subje	ct to this proceeding, as follows:	
a. Child's name	n requested below. The resider		on must be giv		
d. Office frame		Place of birth		Date of birth	Sex
Period of residence	Address		Person child lived	with (name and complete current address)	Relationship
to present	Confidential				
LO PICCOLIN	Child's residence (City, State)		Confident		
1	Offile 3 residence (Ony, 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)	
	1			, , , , , , , , , , , , , , , , , , , ,	
to					E
	Child's residence (City, State)		Person child lived	with (name and complete current address)	
	l		1		
to					
b. Child's name		Place of birth		Date of birth	Sex
(If NOT the same, provide	s the same as given above for child a. de the information below.)				
Period of residence	Address		Person child lived w	rith (name and complete current address)	Relationship
to present	Confidential		Confidenti	al	
	Child's residence (City, State)		Person child lived v	vith (name and complete current address)	
to					
ĺi	Child's residence (City, State)		Person child lived w	vith (name and complete current address)	
4_					
to	Object to the second se				
	Child's residence (City, State)		Person child lived w	rith (name and complete current address)	
to				1	
+	<u></u>				
	ce information for a child listed in				
a. Additional childrer	are listed on form FL-105(A)/G(C-120(A).(Prov	ride all requeste	d information for additional childre	n.) Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California FL-105/GC-120 [Rev. January 1, 2009]

FL-105/GC-120 [Rev. January 1, 2009]

Martin Dean's

ESSENTIAL FORMS**

FL-105(A)/GC-120(A)	FL-105	(A)/G(C-120((A)
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	12 100(11)100 120(1
CASE NAME:	CASE NUMBER:

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

			T		
Child's name		Place of birth	Date of birth		Sex
Residence information is the same a FL-105/GC-120 for child a. (If NOT to	s given on form				
FL-105/GC-120 for child a. (If NOT to information below.)	ne same, provide the				
Period of residence	Present address	Person child lived with (name and co	omplete current address)	Relation	nship
	₽				
to present	Confidential	Confidential			
	Child's residence (City, State)	Person child lived with (name and co	ompiete current address)		
to					
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
	, , , , , , , , , , , , , , , , , , , ,				
to					
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to		The state of the s	Date of No.		0
Child's name		Place of birth	Date of birth		Sex
Residence information is the same a FL-105/GC-120 for child a. (If NOT ti information below.)	s given on form				
	ne same, provide the				<u> </u>
Period of residence	Address	Person child lived with (name and co	omplete current address)	Relation	nship
to present	Confidential	Confidential			
to present	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
		·			
to					
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to	017111	Para a shill live durith from a and a			
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to					
		Place of birth	Date of birth		Sex
Child's name				-	
Residence information is the same a FL-105/GC-120 for child a. (If NOT ti information below.)	s given on form he same, provide the				
Period of residence	Address	Person child lived with (name and co	omplete current address)	Relation	nship
,					
to present	Confidential	Confidential			
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to	04.74.8	Page on shill lived with forms and a			
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to					
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
)					
to	n=				
				Page	of

Form Adopted for Mandatory Use Judicial Council of California FL-105(A)/GC-120(A) [New January 1, 2009]

Martin Dean's
ESSENTIAL FORMS***

Family Code, § 3400 et seq.; Probate Code, §§ 1510(f), 1512 www.courtinfo.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY (Na	ame, State Bar number, and address):	FOR COURT USE ONLY					
l							
_	· ·						
TELEPHONE NO.:							
E-MAIL ADDRESS (Optional):							
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFOR	NIA COUNTY OF MADERA						
STREET ADDRESS: 200 South (
MAILING ADDRESS: SAME	Julie						
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 re	cent job.)					
Attach copies a. Employer:							
Attach copies a. Employer: of your pay b. Employer's	address:						
stubs for last c. Employer's							
two months d. Occupation:	•						
(black out e. Date job sta							
	ed, date job ended:						
security g. I work about	<u> </u>						
numbers). h. I get paid \$		month per week per hour.					
	- 2						
•	ach an 8 1/2-by-11-inch sheet of paper and list the sam	ie information as above for your other					
jobs. Write "Question 1 - Other Jol	os at the top.)						
2. Age and education							
 a. My age is (specify): 							
	ol or the equivalent: 🔲 Yes 🔲 No_lf no, highest grad						
c. Number of years of college of							
d. Number of years of graduate) obtained (specify):					
	occupational license(s) (specify):						
vocational tra	aining (specify):						
3. Tax Information							
a. I last filed taxes for tax							
	single head of household married, filing	separately					
married, filing jointly wit	<u> </u>						
c. I file state tax returns in	California other (specify state):						
a. I claim the following number	of exemptions (including myself) on my taxes(specify):						
• •	e the gross monthly income (before taxes) of the other pa	rty in this case at (specify):\$					
This estimate is based on (expla	in):						
· -	any questions on this form, attach an 8 1/2-by-11-incl	n sneet of paper and write the					
question number before your ansv	ver.) Number of pages attached:						
declare under penalty of perjury und	der the laws of the State of California that the information of	contained on all pages of this form and					
any attachments is true and correct.	£						
Date:							
J410.							
	b						
(TYPE OR PRINT	NAME)	SIGNATURE OF DECLARANT)					
		Page 1 of 4					



			FL-150
5		CASE NUMBER:	
_	ESPONDENT/DEFENDANT:		
01	HER PARENT/CLAIMANT:		
	ch copies of your pay stubs for the last two months and proof of any other income. return to the court hearing. (Black out your social security number on the pay stub		federal
5.	Income (For average monthly, add up all the income you received in each category in the		Average
	and divide the total by 12.)	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 p	eartnership \$	
	g. Pension/retirement fund payments		
	h. Social security retirement (not SSI)	\$	
	i. Disability: Social security (not SSI) State disability (SDI) Private	insurance. \$	144
	j. Unemployment compensation		
	k. Workers' compensation	\$	
	I. Other (military BAQ, royalty payments, etc.) (specify):	\$	
	b. Rental property income c. Trust income d. Other (specify):	s	-
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		:k out your
	social security number. If you have more than one business, provide the information	on above for each of your b	usinesses.
8.	Additional income. I received one-time money (lottery winnings, inheritance, etc.) in amount):	the last 12 months (specify	source and
9.	Change in income. My financial situation has changed significantly over the last 12	months because (specify):	
10.	Deductions		ast 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 in		
11.	Assets		otal
	a. Cash and checking accounts, savings, credit union, money market, and other deposit		
	b. Stocks, bonds, and other assets I could easily sell		
	c. All other property. real and personal (estimate fair market value minus to	he debts vou owe) \$	

PETITIONER/PLAINTIFF:				CASE NUMBER:	
RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:					
12. The following people live with me:					
Name	Age	How the pe	reon in	That paragrin grass	Dava same of the
Name	Age		ne? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.		Telated to 1	ne: (ex. 3011)	monuny moone	Yes No
b.					Yes No
c.	1				Yes No
d.	1				Yes No
θ.					Yes No
 Average monthly expenses	timated e	expenses	Actual expe		
(1) Rent or mortgage	\$		n. Laundry and	d cleaning	\$
If mortgage:			i. Clothes		\$
(a) average principal: \$			j. Education "	······································	\$
(b) average interest: \$			k. Entertainme	ent, gifts, and vacation	\$
(2) Real property taxes	\$		I. Auto expens	ses and transportation	
(3) Homeowner's or renter's insurance		(insurance, gas, repairs, bus, etc.)		\$	
(if not included above)	\$	m. Insurance (life, accident, etc.; do no		ife, accident, etc.; do not	
(4) Maintenance and repair	include auto, home,		, home, or health insurance) \$	
b. Health-care costs not paid by insurance\$ n. Savings and in		l investments	\$		
		ontributions	\$		
c. Child care	\$		p. Monthly pay	ments listed in item 14	
	_			ow in 14 and insert total here	e) \$
d. Groceries and household supplies	\$		q. Other (speci	ffy) :	\$
e. Eating out	.,\$				
f. Utilities (gas, electric, water, trash)	c			PENSES (a-q) (do not add in	\$
f. Utilities (gas, electric, water, trash)	Þ		the amounts	in a(1)(a) and (b))	
g. Telephone, cell phone, and e-mail	\$		s. Amount of e	expenses paid by others	\$
4. Installment payments and debts not listed	d above				
Paid to For		Aı	mount	Balance	Date of last payment
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
F Attaurant Francisco (This is a second seco	-				
5. Attorney fees (This is required if either party					
a. To date, I have paid my attorney this ameb. The source of this money was (specify):	ount for t	ees and cost	s(specify): \$		
c. I still owe the following fees and costs to	my attorr	nev (snecify t	otal owed) · \$		
d. My attorney's hourly rate is (specify):\$	···y alton	iej (opeen) ii	star orroay . V		
confirm this fee arrangement.					
ate:					
					
(TYPE OR PRINT NAME OF ATTORNEY)			• 6	(SIGNATURE OF ATTORNEY)

PETITIONER/PLAI RESPONDENT/DEFE		CASE NUMBER:	
OTHER PARENT/CLA	IMANT:		
	CHILD SUPPORT INFORT		
	(NOTE: Fill out this page only if your case	involves child support.)	
6. Number of child a. I have (specil b. The children s (If you're not s	fy number): children under the age of 18 with the ot	percent of their time with the oth	•
7. Children's healtl a. I do b. Name of insure c. Address of ins	I do not have health insurance available to me for th	e children through my job.	
	ost for the children's health insurance is or would be (spece of the amount your employer pays.)	cify): \$	
•	ses for the children in this case	Amount per month	
	can work or get job training		_
	th care not covered by insurance		-
•	es for visitationeational or other special needs (specify below):		
	s, I ask the court to consider the following special financial ation of any item listed here, including court orders):	circumstances Amount per month	For how many months
 a. Extraordinary h 	ealth expenses not included in 18b	\$	
b. Major losses no insured loss)	ot covered by insurance (examples: fire, theft, other	\$	
	for my minor children who are from other relationships and rith me	s	
(2) Names and	ages of those children (specify):		
9			
(3) Child supp	ort I receive for those children	\$	·
The expenses list	ed in a, b and c create an extreme financial hardship beca	use (<i>explain</i>) :	
20 Other informati	on I want the court to know concerning support in my (case (specify):	

	FL-33:
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	
 I am at least 18 years of age, not a party to this action, and I am a resident of or emplo place. 	yed in the county where the mailing took
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 b. placing the envelope for collection and mailing on the date and at the place s business practices. I am readily familiar with this business's practice for collect mailing. On the same day that correspondence is placed for collection and ma business with the United States Postal Service in a sealed envelope with post	hown in item 4 following our ordinary ting and processing correspondence for illing, it is deposited in the ordinary course of
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):	
 I served a request to modify a child custody, visitation, or child support judgment of address verification declaration. (Declaration Regarding Address Verification—Po- Custody, Visitation, or Child Support Order (form FL-334) may be used for this put 	stjudgment Request to Modify a Child
6. I declare under penalty of perjury under the laws of the State of California that the fore	going is true and correct.
Date:	
Date:	

REQUEST FOR INTERPRETER (Civil)

(For	Cou	rt Use	Only	J.	

CASE INFORMATION:			
Case Number(s):		ase Name:	
HEARING INFORMATION	<u>N</u> :		
Hrg. Type:	Hrg. Date:	Time:	Dept.: _
INTERPRETER(S) NEEDED	FOR THE FOLLOWING LANGUA	AGE:	
Mixteco* Mixteco Alto* Mixteco Bajo*	Triqui* Cambodian Triqui Alto* Cantonese Triqui Bajo* Mandarin Punjabi Farsi/Persian ASL Vietnamese	Arabic Russian Hmong Lao Other:	
*Include town of origin	for indigenous language: _		*
INTERPRETER NEEDED FC	DR: Plaintiff/Petitioner Defendant/Respondent	☐ Witness(es) Time E	stimate:
REQUESTING PARTY'S IN	IFORMATION:		
Name: Email:	Phone Number:	*	
	Interpreter Coordinator Please email thi		
	Interpreter.Madera@mc		