

How to File a Response to a Parentage Case

(File a Response within 30 days of being served)

| | |
|---|---|
| Step 1 | <p>Complete the following forms in blue or black ink:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> FL-220 Response to Petition to Determine Parental Relationship <input checked="" type="checkbox"/> FL-105 Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) <input type="checkbox"/> FL-311 Child Custody and Visitation Application Attachment |
| Step 2 | <p>Copies: Make 2 copies, in addition to the original.</p> |
| Step 3 <p>There is a filing fee unless the fee is waived.</p> | <p>File: File the original and copies in the Clerk's Office of the courthouse located at: 201 North First Street, San Jose, CA 95113</p> <p>The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.scscourt.org or call 408-534-5600 for current office hours.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you are not asking for a fee waiver, you will pay the filing fee and get copies back with a file-stamp. <input type="checkbox"/> If you are asking for a fee waiver, your file-stamped copies may be returned immediately, OR you may be asked to return in up to 24 hours, OR your file stamped forms may be mailed to you. Please check with the clerk who takes your forms. |
| Step 4 | <p>Service: After the filed copies are returned to you:</p> <ul style="list-style-type: none"> • Keep for your records—1 filed copy • Serve 1 filed copy on the other party by mail. “<i>Serve by mail</i>” means someone, NOT YOU, who is at least 18 years old, must mail the filed copies to the other party. <p>Whoever does the service must complete the attached <i>Proof of Service by Mail</i> form (FL-335) and give it back to you. You must file the original and a copy of this form at the Clerk's Office, the clerk will file stamp the copy and give it back to you. Keep this copy for your records.</p> |
| Step 5 | <p>Next: Now that you have filed and served your Response, please visit our website at www.scscourt.org for information regarding how to move forward with your case or get temporary support and/or custody orders.</p> |

Please turn over for important information



WHY WAS THIS CASE OPENED?

If you have a minor child/ren with a person you are not married to, that other parent has opened this case to establish parentage (that you are both the parents of your child/ren) and possibly to get orders for custody, parenting timeshare (“visitation”) and child support.

WHAT IF I’M NOT SURE I AM THE CHILD’S PARENT?

This is a very important issue to resolve as quickly as possible.

If you have questions, get legal advice **immediately!** You may contact the Lawyer Referral Service at (408) 971-6822 for referral to a private attorney.

WHY SHOULD I FILE A RESPONSE?

You should fill out and file the *Response* form if you want to participate in the case and have the Judge hear your side. Filing a *Response* will allow you to ask for DNA-type genetic testing or admit parentage, get a custody order and set up parenting timeshare or establish a monthly child support amount and other orders.

WHY IS ESTABLISHING PARENTAGE IMPORTANT FOR MY CHILD?

A parentage action establishes who the parents are, rights to child support and legal claims to inheritance or Social Security benefits. However, you must be sure you get your actual parentage *Judgment*, not just orders for custody and support. Opening a case also establishes which county’s court will make decisions about your child.

WHAT IF THE FATHER SIGNED A VOLUNTARY DECLARATION OF PATERNITY AT THE HOSPITAL?

The *Voluntary Declaration of Paternity* becomes a parentage judgment 60 days after it is signed and cannot be cancelled after the child turns two years of age. If you want custody, parenting timeshare or child support orders, you still need to open a court case and attach a copy of the *Voluntary Declaration of Paternity*, if you have it.

HOW CAN I GET HELP?

Here are some ways to get help:

- Go to <http://www.calbar.ca.gov/Public>, then click on “Lawyer Referral services” to hire or consult with a private attorney.
- For free legal advice and information, see our “Do-It-Yourself Resources” flyer. Go to www.scscourt.org, click on “Self-Help” then “Self-Help Flyers”.
- The Self Help Center/Family Law Facilitator – See our information flyer:
 - **Contact us:** Go to www.scscourt.org then click “**Contact the Self Help Center**”. Walk-in assistance is limited to emergencies so contact us remotely first.
 - **Obtain Forms:** Go to www.scscourt.org then click “**Complete Forms at Home**”
 - **Form Review:** Email your forms as a PDF file to SHCDocReview@scscourt.org.
 - Note: We **cannot** help people who have attorneys.

Superior Court, County of Santa Clara
Self Help Center/Family Law Facilitator’s Office
 201 N. First Street, San Jose, CA 95113
 408-882-2926

**THESE ARE THE DOCUMENTS
YOU HAVE TO COMPLETE,
COPY, FILE AND SERVE.**

| | |
|---|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: BRANCH NAME: Family Justice Center Courthouse | |
| PETITIONER: RESPONDENT: | |
| RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP | CASE NUMBER: |

1. The petitioner
 - a. is a parent of the children in item 2.
 - b. is not a parent of the children in item 2.
 - c. is the child or the child's personal representative (specify court and date of appointment):
 - d. Other (specify):

2. The children are

| | | |
|------------------------|------------------|------------|
| a. <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
|------------------------|------------------|------------|

 b. a child who is not yet born

3. The respondent
 - a. lives in the state of California.
 - b. was in California when the children listed in item 2 were conceived.
 - c. does not live in the state of California.
 - d. was not in California when the children listed in item 2 were conceived.
 - e. Other (specify):

4. The children
 - a. live or are found 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 parent of the children listed in item 2 above.
 - b. not certain if the respondent is the parent of the children listed in item 2 above.
 - c. not the parent of the children listed in item 2 above.
 - d. Other (specify):

6. Additional statements
 - a. Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
 - b. Parentage has been established in another case governmental child support Other (specify):
 - c. Public assistance is being provided to the children.

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

| | |
|-------------|--------------|
| PETITIONER: | CASE NUMBER: |
| RESPONDENT: | |

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

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

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

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

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

As requested in form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

- d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):
 Contained in the attached declaration.

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

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

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

11. FEES AND COSTS OF LITIGATION

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

12. NAME CHANGE

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

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

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

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

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

Date:

| | |
|----------------------|---------------------------|
| (TYPE OR PRINT NAME) | (SIGNATURE OF RESPONDENT) |
|----------------------|---------------------------|

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

| | |
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| PETITIONER: RESPONDENT: OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. a. **Custody.** Custody of the minor children of the parties is requested as follows: [Attachment 1a.](#)

| <u>Child's Name</u> | <u>Date of Birth</u> | <u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i> | <u>Physical Custody to</u> <i>(person the child regularly lives with)</i> |
|---------------------|----------------------|---|--|
|---------------------|----------------------|---|--|

b. **Custody with allegations of a history of abuse or substance abuse**

- (1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4) Even though there are allegations, I ask that the court make the child custody orders in item 1a.
(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)
 Below: [Attachment 1b.](#) Other (specify):

2. **Visitation (Parenting Time).**

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

- a. Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b. See the attached _____ -page document dated (specify date):
- c. The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
 Family Court Services
 www.scscourt.org
 201 N. First Street
 San Jose, CA 95113
- d. No visitation (parenting time).

| | |
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| PETITIONER: RESPONDENT: OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

e. Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")

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

(1) **Weekends starting (date):**

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

1st 2nd 3rd 4th 5th weekend of the month

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

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

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

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

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

(3) **Weekdays starting (date):**

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

(4) Other visitation (parenting time) days and restrictions are: [listed in Attachment 2e\(4\)](#)
 as follows:

3. **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. **Supervised visitation (parenting time)**

(1) I ask that petitioner respondent other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

(a) Domestic violence, child abuse, or neglect.

(b) Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(c) Other parenting concerns (specify below):

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below [in Attachment 3a\(2\)](#) Other (specify):

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| PETITIONER: RESPONDENT: OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by *(name, if known)*:

(i) The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* ([form FL-324\(P\)](#)) and sign the declaration.

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

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

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
 other parent/party: _____ percent.

b. **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

(1) Petitioner Respondent Other parent/party _____ is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.

(2) Petitioner Respondent Other parent/party _____ is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to *(specify)*: Petitioner Respondent Other parent/party

(4) The reasons why the court should make the orders are *(specify)*:
(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)

Below: [in Attachment 3b.](#) Other *(specify)*:

(5) *The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.*

4. **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.

b. Transportation **to** begin the visits will be provided by *(name)*:

c. Transportation **from** the visits will be provided by *(name)*:

d. The exchange point at the beginning of the visit will be *(address)*:

e. The exchange point at the end of the visit will be *(address)*:

f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other *(specify)*:

| | |
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| PETITIONER: RESPONDENT: OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

5. **Travel with children** The Petitioner Respondent Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a. the state of California.
 - b. the following counties (*specify*):
 - c. other places (*specify*):
6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached [form FL-312](#).
7. **Children's holiday schedule.** I request the holiday and vacation schedule set out below [on form FL-341\(C\)](#)
8. **Additional custody provisions.** I request the additional orders for custody set out below [on form FL-341\(D\)](#)
9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out below [on form FL-341\(E\)](#)
10. **Other.** I request the following additional orders (*specify*):

| | |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): Self-Represented | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: _____ BRANCH NAME: Family Justice Center Courthouse | |
| PETITIONER: _____ (<i>This section applies only to family law cases.</i>) RESPONDENT: _____ OTHER PARTY: _____ | |
| GUARDIANSHIP OF (<i>Name</i>): _____ (<i>This section applies only to guardianship cases.</i>) <div style="text-align: right;">Minor</div> | 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 | Address | Person child lived with (<i>name and complete current address</i>) | Relationship |
| to present | <input type="checkbox"/> Confidential | <input type="checkbox"/> Confidential | |
| to | Child's residence (<i>City, State</i>) | Person child lived with (<i>name and complete current address</i>) | |
| to | Child's residence (<i>City, State</i>) | Person child lived with (<i>name and complete current address</i>) | |
| to | Child's residence (<i>City, State</i>) | Person child lived with (<i>name and complete current address</i>) | |
| 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. (<i>If NOT the same, provide the information below.</i>) | | | |
| Period of residence | Address | Person child lived with (<i>name and complete current address</i>) | Relationship |
| to present | <input type="checkbox"/> Confidential | <input type="checkbox"/> Confidential | |
| to | Child's residence (<i>City, State</i>) | Person child lived with (<i>name and complete current address</i>) | |
| to | Child's residence (<i>City, State</i>) | Person child lived with (<i>name and complete current address</i>) | |
| to | Child's residence (<i>City, State</i>) | Person child lived with (<i>name and complete current address</i>) | |

- 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: _____ |
|-----------------------|-----------------------|

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 <i>(name, state, location)</i> | Court order or judgment <i>(date)</i> | 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 <i>(name, state, location)</i> |
|--|-------------|--------------------------------------|
| 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 <i>(if known)</i> | Orders expire <i>(date)</i> |
|--|--------|-------|-------------------------------|-----------------------------|
| 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.

PROOF OF SERVICE

**TO BE COMPLETED BY THE SERVER
(SEE INSTRUCTIONS FOR DETAILS)**

| | | |
|---|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): | | FOR COURT USE ONLY |
| Your Name: _____ Street Address: _____ City, State, Zip Code: _____ TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: _____ BRANCH NAME: Family Justice Center Courthouse | | |
| 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:

3. I served a copy of the following documents (specify):

Filed copies of Response to Petition to Determine Parental Relationship (FL-220), UCCJEA (FL-105) and Child Custody and Visitation Application Attachment (FL-311)

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.

4. The envelope was addressed and mailed as follows:

- Name of person served:
- Address:
- Date mailed:
- 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)