

SAMPLES

UPA RESPONSE PACKET

Rev. 1/1/2025

**Use the samples to help you complete
the packet of blank forms.**

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Your Name FIRM NAME: STREET ADDRESS: Your Address CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
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		CASE NUMBER: Your Court Case Number
PETITIONER: Other Party's Name RESPONDENT: Your Name		
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP		

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. Child's name	Birthdate	Age
Child #1's Name	Date of Birth	M/F
Child #2's Name	Date of Birth	M/F
Child #3's Name	Date of Birth	M/F

 - b. ☐ is 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
 - 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/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. ☐ Parent has provided a declaration of parentage or paternity. (*Attach a copy if available.*)
 - b. ☐ Parent is receiving ☐ 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: Other Party's Name	CASE NUMBER: Your Court Case Number
RESPONDENT: Your Name	

The respondent asks that the court make the determinations in

Check the boxes below that apply.

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 child | ☐ | ☐ | ☐ | ☐ |
| b. Physical custody of child | ☐ | ☐ | ☐ | ☐ |
| c. Child visitation (parenting time) | ☐ | ☐ | ☐ | ☐ |

Complete this section with the orders you are requesting for Custody and Visitation and complete attached form FL-311.

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
	☐	☐	☐

11. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	☐	☐	☐
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	☐	☐	☐

12. NAME CHANGE

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

If you are requesting to change the child(ren)'s name(s), complete this section with the current name(s) and the new name(s).

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: **Today's Date**

Print Your Name

(TYPE OR PRINT NAME)

Sign Your Name

(SIGNATURE OF RESPONDENT)

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

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY: 	CASE NUMBER: Your court case number
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CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

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

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>
List all of the minor children you have with the other party (oldest to youngest): Child #1's name and date of birth Child #2's name and date of birth Child #3's name and date of birth		Who should have legal custody and who should have physical custody? You have three choices: your name, the other parent's name or joint	

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

- (1) Complete this section if there is a history of abuse as described in 1.b.(1) or if there is a history of substance abuse as described in 1.b.(2). to have
 _____ parent spouse, or the
- (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:** Un Complete this section with the parenting schedule you are requesting for the parent that does not have the child most of the time. ases
- a. ☐
- 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). Check here if you want the court to order you and the other party to go to mediation to work out a parenting plan.
- d. ☐ No visitation (parenting time).

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number
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- e. ☐ Visitation (parenting time). (Specify start and ending date and time. If a date is not specified, the court will determine the date.)
- ☐ Petitioner's ☐ Respondent's ☐ Other Parent's/Party's parenting time

Check one to indicate who will have the parenting schedule listed below.

- (1) ☐ **Weekends starting (date):**

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

from Complete this section to request weekend parenting time.	month: ☐ start of school ☐ after school to ☐ start of school ☐ after school
(day of week) (time)	

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

- (3) ☐ **Weekdays starting (date):**

from Complete this section to request weekday parenting time.	specify: ☐ start of school ☐ after school
to	specify: ☐ start of school ☐ 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**

- (1) I Complete this section to ask for supervised parenting time. have supervised visitation (date):

- (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):

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number
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(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 this section if you completed item 1.b. AND are asking for the visitation to be unsupervised. You must explain why this is in the child's best interests despite the allegations of abuse or substance abuse.)

- (1) ☐ 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 of the child, as Family Code section 6323(c) requires.

a. ☐ **Complete this section to indicate how the child will be transported for the parenting time.**

- b. ☐ Transportation to begin the visits will be provided by (name):
- c. ☐ Transportation from the visits will be provided by (name):
- d. ☐ The exchange point at the beginning of the visit will be (address):
- e. ☐ The exchange point at the end of the visit will be (address):
- f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g. ☐ Other (specify):

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number
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5. ☐ **Travel with children** The ☐ Petitioner ☐ Respondent ☐ Other parent/party following places:

Complete this section if you are asking to restrict travel with the minor child(ren).

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
If there is a risk of child abduction, you will check the box and complete form FL-312.

7. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out ☐ below ☐ [on form FL-341\(C\)](#)

Complete this section if you are asking for specific parenting time orders during the holidays or for vacations. You may write in your request here or complete form FL-341(C).

8. ☐ **Additional custody provisions.** I request the additional orders for custody set out ☐ below ☐ [on form FL-341\(D\)](#)

Complete this section if you are asking for additional orders regarding custody. You may write in your request here or complete 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\(E\)](#)

Complete this section if you are asking for additional orders regarding joint legal custody. You may write in your request here or complete form FL-341(E).

10. ☐ **Other.** I request the following additional orders (*specify*):

Complete this section if you are asking for other orders about the minor child(ren) that are not addressed anywhere else on this form.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Your name FIRM NAME: STREET ADDRESS: Your address CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
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		
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: Petitioner's name RESPONDENT: Respondent's name OTHER PARTY: CHILD'S NAME: Leave blank		
GUARDIAN: Leave blank Minor		CASE NUMBER: Your Court Case #
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		

1. I am (check one): ☒ a party to

of children you have WITH the other party

 representative of the to determine custody of a child.

2. There are (specify number): minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a. Starting with the oldest child, list each of the children you have with the other party. If you need more space, check the box below and attach an additional page (you may use MC-020).		

☐ Check this box if you have more than one child with the other party. (If the current address is correct, check box 3b and attach form FL-105(A) to list each child's address information.)
☐ Check here, if you only have one child with the other party OR all of the children have lived at the same address(es) together for the past 5 years. If the children have lived at different addresses from each other during the past 5 years, you will check box 3b and attach form FL-105(A) to list each child's address information.

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From: 1/2025	To: present	San Jose, CA ☐ Confidential (list state only)	John Smith 123 Main St., SJ, CA ☐ Confidential (list state only)	Father
From: 1/2020	To: 1/2025	San Jose, CA	Jane Doe 456 Main St., SJ, CA	Mother
From:	To:			
From:	To:			
From: Check here if you need space for more addresses.				

☐ Additional page(s) attached.
☐ Check here if the children had different address information, then complete the above for the oldest child and use FL-105(A) for each additional child. (Attach form FL-105(A) for each additional child.)

CASE NAME:

Petitioner's last name v. Respondent's last name

CAS

Your Court Case #

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. ☐ Family						
b. ☐ Probate Guardianship						
c. ☐ Other						

If you know about any other court cases involving the child(ren) in this case check "yes" above and complete this section.

Proceeding	Case Number	Court (name, state or tribe, location)
d. ☐ Juvenile		
e. ☐ Adoption		

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

Court	County	State or Tribe	Case Number (if known)	Orders expire (date)
a. ☐ Criminal				
b. ☐ Family				
c. ☐ Juvenile				
d. ☐ Other				

If there are any restraining orders in place, check the box next to the type of court that made the orders and fill in the case information here.

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

a. Name and address		Person:
☐ Has physical custody	☐ Has physical custody	☐ Has physical custody
☐ Claims custody rights	☐ Claims custody rights	☐ Claims custody rights
☐ Claims visitation rights	☐ Claims visitation rights	☐ Claims visitation rights
Name of each child:		each child:

If you think you should fill out this area, check with staff first.

Check here and write the # of pages attached, if you used any attachments

7. ☐ Number of pages attached: _____

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

Date: Today's date

Print your name

(NAME OF DECLARANT)

Sign your name

(SIGNATURE OF DECLARANT)

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Your Name Your Address TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ 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	CASE NUMBER: Your Court Case Number <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PETITIONER/PLAINTIFF: Other Party's Name RESPONDENT/DEFENDANT: Your Name OTHER PARENT/PARTY: _____	
PROOF OF SERVICE BY MAIL	

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

1. I am at the **THE REST OF THIS FORM SHOULD BE COMPLETED BY THE PERSON WHO MAILED A FILED COPY OF YOUR FORMS TO THE OTHER PARENT** mailing took place.

2. My residence or business address is:

Address of server (person who mailed the paperwork to the Petitioner)

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

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

by enclosing them in an envelope AND

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

4. The envelope was addressed and mailed as follows:

a. Name of person served: **Other Party's Name**

b. Address: **Other Party's Address**

c. Date mailed: **Date server mailed forms to the other party**

d. Place of mailing (*city and state*): **City and State where the forms were put in the mail**

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: **Date Server Signs**

Server will print their name here

Server will sign their name here

(SIGNATURE OF PERSON COMPLETING THIS FORM)