SAMPLE

UPA RESPONSE W/ REQUEST FOR ORDER, C/V

Rev 1/1/2025

Use these sample forms to help you complete the blank packet of forms.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: | STATE BAR NUMBER:
FIRM NAME: Your name
STREET ADDRESS: Your address
CITY: | STATE: | ZIP CODE:
TELEPHONE NO.: | FAX NO.:
EMAIL ADDRESS:
ATTORNEY FOR (*name*): Self-Represented

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

PETITIONER: Petitioner's name (person who started the case)
RESPONDENT:
OTHER PARENT/PARTY: Respondent's name

REQUEST FOR ORDER ☐ C Check all the boxes that apply CY ORDERS

- [X] Child Custody
- [X] Visitation (Parenting Time)
- [ ] Child Support
- [ ] Property Control
- [ ] Spousal or Partner Support
- [ ] Attorney's Fees and Costs
- [ ] Other *(specify):*

CASE NUMBER: Your Case Number

Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO

1. TO *(name(s)):* The other party's name (if DCSS is involved in your case, write "DCSS" here too)
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other *(specify):*

Check one

2. **HEARING WILL BE HELD AS FOLLOWS:**
   a. Date: Time: ☐ Dept.: ☐ Room.:
   b. Address of cou Leave this box blank

3. **WARNING to the person served with the *Request for Order:*** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. *(See form FL-320-INFO for more information.)*

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

4. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before *(date):* 16 court days before the hearing date
5. [X] A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before *(date):* 9 cou
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommendin 9 court days before the hearing date s follows *(specify date, time, and location):*

7. ☐ The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. ☐ Other *(specify)*:

Date: Leave blank

PETITIONER:	Petitioner's name (person who started the case)	CASE NUMBER: Your Case Number
RESPONDENT:		
OTHER PARENT/PARTY:	Respondent's name	

REQUEST FOR ORDER

Note: Place a mark **X** in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. ☐ RESTRAINING ORDER INFORMATION
One or more domestic violence restraining/protective orders are now in effect between *(specify):*

☐ *(Check one.)*

If there is a restraining order in place between you and the other party, complete this section and attach a copy, if you have one.

The
a.
b. ☐ Family: County/state *(specify):* Case No. *(if known)*:
c. ☐ Juvenile: County/state *(specify):* Case No. *(if known)*:
d. ☐ Other: C *(if known)*:

Check these boxes, if you are asking for Custody and Parenting Time orders.

2. ☒ CHILD CUSTODY ☐ I request temporary emergency orders
☒ VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children *(specify):*

Child's Name	Date of Birth	☒ Legal Custody to *(person who decides: health, education, etc):*	☒ Physical Custody to *(person with whom child lives):*
Child #1's name	and date of birth	See attached FL-311	
Child #2's name	and date of birth		
Child #3's name	and date of birth		

☐ Attachment 2a.

b. ☒ The orders I request for ☒ child custody ☒ visitation (parenting time) are:
(1) ☒ Specified in the attached forms:
☐ Form FL-305 ☒ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)
☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other *(specify):*
(2) ☐ As follows *(specify):* ☐ Attachment 2b.

c. The orders that I request are in the best interest of the children because *(specify):* ☐ Attachment 2c.

Explain why the orders you are requesting are good for your child(ren).

PETITIONER: Petitioner's name (person who started the case) RESPONDENT: OTHER PARENT/PARTY: Respondent's name	CASE NUMBER: Your Case Number

2. d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).
Complete this section if you are asking to change an order that was previously made.
(1) ☐ The child custody order was filed on *(date)*: . The court ordered *(specify)*:
(2) ☐ The visitation (parenting time) order was filed on *(date)*: . The court ordered *(specify)*:

3. ☒ CHILD SUPPORT ☐ Attachment 2d.
Complete this section if you are asking for child support. You must also complete form FL-150.
(Note: An earnings a form FL-195)
a. I request that the court order child support as follows:

Child's name and age	☒ I request support for each child based on the child support guideline.	Monthly amount ($) requested (if not by guideline)
Child #1's name and age Child #2's name and age Child #3's name and age		

☐ Attachment 3a.

b. ☐
Complete this section if you are asking to change an order the was previously made.

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because *(specify)*: ☐ Attachment 3d.
Explain why the court should grant your request for child support.

4. ☐

LEAVE BLANK

PETITIONER:	Petitioner's name (person who started the case)	CAS
RESPONDENT:	Respondent's name	Your Case Number
OTHER PARENT/PARTY:		

5. [ ]

LEAVE BLANK

6. [ ] ATTORNEY'S FEES AND COSTS
I request attorney's fees and costs, which total *(specify amount):* $. I filed the following to support my request:
   a. A current *Income and Expense Declaration* (form FL-150).
   b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
   c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. [ ] OTHER ORDERS REQUESTED *(specify):* [ ] Attachment 7.

8. [ ] TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:
   a. [ ] To serve the *Request for Order* no less than *(number):* court days before the hearing.
   b. [ ] The hearing date and service of the the *Request for Order* to be sooner.
   c. I need the order because *(specify):* [ ] Attachment 8.

9. [X] FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. [X] Attachment 9.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true.

Date: Today's date

Print your name
(TYPE OR PRINT NAME)

Sign your name
(SIGNATURE OF APPLICANT)

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

PETITIONER: **Petitioner's name (person who started this case)** RESPONDENT: **Respondent's name** OTHER PARENT/PARTY:	CASE NUMBER: **Your court 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.

Child's Name	Date of Birth	Legal Custody to *(person who decides about the child's health, education, and welfare)*	Physical Custody to *(person the child regularly lives with)*
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 rent 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 loca*

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).

Form Approved for Optional Use
Judicial Council of California
FL-311 [Rev. January 1, 2023]

Family Code, §§ 3000 et seq., 6200 et seq.
www.courts.ca.gov

PETITIONER: **Petitioner's name** (person who started this case)
RESPONDENT: **Respondent's name**
OTHER PARENT/PARTY:

CASE NUMBER: **Your court case number**

e. ☐ Visitation (parenting time). *(Specify start and ending date and time. If a ... ol.")*

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

☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** pare...

(1) ☐ **Weekends starting** *(date):*

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

☐ ...nth

from ... ...fy: ☐ start of school ☐ after school

Complete this section to request weekend parenting time.

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

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

(3) ☐ **Weekdays starting** *(date):*

fr... ...cify: ☐ start of school ☐ after school

Complete this section to request weekday parenting time.

to ... ...cify: ☐ 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. ☐ **Super...**

(1) I ... have supervised visitation w... ...):

Complete this section to ask for supervised parenting time.

(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: RESPONDENT: OTHER PARENT/PARTY:	Petitioner's name (person who started this case) Respondent's name	CASE NUMBER: Your court 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)**

(Con *d to have a history of abus*

Only 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) ☐ ed to have current spouse, or

(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, 6323(c).

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

a. the

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**

5. ☐ **Travel with children** The ☐ Petitioner ☐ Respondent ☐ Other parent/party
owing 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.

SHORT TITLE:	CASE NUMBER:
Petitioner's Last Name v. Respondent's Last Name	Your Court Case Number

ATTACHMENT *(Number)* : 10

(This Attachment may be used with any Judicial Council form.)

Page _____ **of** _____

(Add pages as required)

Explain why the orders you are requesting are in the best interest of the child(ren).

For example, if you want the court to give you physical custody, you need to explain why the child (ren) is better off living with you instead of the other parent.

If you are asking the court to order parenting time (visitation) for either you or the other parent. Explain why the schedule you are requesting is in the best interest of the child. If you are asking the court to stop the other parent's parenting time, explain specific reasons why.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Form Approved for Optional Use
Judicial Council of California
MC-025 [Rev. January 1, 2007]

ATTACHMENT
to Judicial Council Form

www.courtinfo.ca.gov

Martin Dean's ESSENTIAL FORMS™

SHC

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: Your Name FIRM NAME: STREET ADDRESS: Your Address CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR *(name)*: Self-Represented		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		
PETITIONER: Other Party's Name RESPONDENT: Your Name		
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP		CASE NUMBER: Your Court 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):*

   Check the box that applies to the other party.

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. ☐ a child who is not yet born

   Check this box if there is an unborn child.

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):*

   Check the box that applies to you.

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.

   Check one

5. The respondent is
   a. ☐ the parent of the children listed i
   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):*

   Check the box that applies to you.

6. Additional statements
   a. ☐ Parent declaration of parentage or paternity. *(Attach a copy if available.)*
   b. ☐ Parent ☐ governmental child support ☐ Other *(specify):*
   c. ☐ Public assistance is being provided to the children.

   Check any boxes that apply.

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

Form Approved for Optional Use
Judicial Council of California
FL-220 [Rev. January 1, 2020]

RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP
(Uniform Parentage)

Family Code, § 7630
www.courts.ca.gov

CEB ceb.com | Essential Forms

PETITIONER: **Other Party's Name** RESPONDENT: **Your Name**	CASE NUMBER: **Your Court Case Number**

The respondent asks that the court make the determinations li **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 ch				☐
b. Physical custody o				☐
c. Child visitation (par				☐

Complete this section with the orders you are requesting for Custody and Visitation, they should match 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:

	Petitioner	Respondent	Joint
Reasonable expenses of pregnancy and birth to be paid by as follows:	☐	☐	☐

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY — STATE BAR NUMBER:
NAME:
FIRM NAME:
STREET ADDRESS: Your name / Your address
CITY: STATE: ZIP CODE:
TELEPHONE NO.: FAX NO.:
EMAIL ADDRESS:
ATTORNEY FOR *(name)*: Self-Represented

FOR COURT USE ONLY

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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

(This section applies to cases other than probate guardianships.)
PETITIONER: Petitioner's name
RESPONDENT: Respondent's name
OTHER PARTY:
CHILD'S NAME:

GUARDIAN — Leave blank — Minor

CASE NUMBER: Your Court Case #

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

1. I am *(check one)*: [X] a party to # of children you have WITH the other party epresentative of the rmine 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.			
b.			
c.			
d.			

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 b -105, Attachment 2, Additional C is form.)

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.

3. a. [ ] Check t ne past five years. *(Provide the c . If the current address is co nce.)*

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.

[ ] Addition

b. [ ] Check 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 e years.)*

Form Adopted for Mandatory Use
Judicial Council of California
FL-105/GC-120 [Rev. January 1, 2025]

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

CASE NAME: Petitioner's last name v. Respondent's last name

CASE NUMBER: 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):*

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

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

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 OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) *(Name, State Bar number, and address):*

Your name
Your address

TELEPHONE NO.: FAX NO.:

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:

FOR COURT USE ONLY

SAMPLE ONLY Do not write on this copy!

PETITIONER/PLAINTIFF: Petitioner's name (person who started the case)

RESPONDENT/DEFENDANT: Respondent's name

OTHER PARENT/PARTY:

CASE NUMBER:

Your Case Number

(If applicable, provide):

HEARING DATE:

HEARING TIME:

DEPT.:

Your hearing date, time and dept.

PROOF OF PERSONAL SERVICE

This form will be completed by your server. (The server is the person who handed a filed copy of the forms listed in item 3 to the person listed in item 4. Note: The server must be an adult who is not part of the case.)

1.

2. Person served *(name):* The other parent's name

3. I served copies of the follo

Check if you completed one of there forms

FILED COPIES OF: Request for Order, Child Custody and Visitation Application Attachment, blank Responsive Declaration to Request for Order, ADR Options

☐ Completed and blank Financial Statement (Simplified) ☐ Completed and blank Income and Expense Declaration

Response to Establish Parental Relationship; UCCJEA

4. By personally delivering copies to the person served, as follows:
   a. Date: Date papers were served to the other party
   b. Time: Time papers were served to the other party
   c. Address:

Address where a filed copy of your forms were served (handed) to the other party

5. I am
   a. ☒ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Business & Profession Code section 22350(b).
   e. ☐ a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*

Server's name, address and telephone number

7. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: Date server signs this form

Server will print his/her name here

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

Server will sign his/her name here

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)