

SAMPLES

RESPOND TO DISSO, NO MINORS

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

Rev. 1/14/2020

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

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:

RESPONDENT:

RESPONSE Check the box that applies

Dissemination (Divorce) of: Marriage **AMENDED** Domestic Partnership

Legal Separation of: Marriage Domestic Partnership

Nullity of: Marriage Domestic Partnership

CASE NUMBER:

1. **LEGAL RELATIONSHIP** (check all that apply): Check the boxes that apply.
- a. We are married
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply): Check the boxes that apply.
- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
 - b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
 - c. We are the same sex partners. Check the boxes that apply and fill in the date of marriage or registration, the date of separation and the length of the relationship.

3. **STATISTICAL FACTS**
- a. (1) Date of marriage (specify): (2) Date of separation (specify):
 - (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
 - b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):
 - (2) Date of separation (specify):
 - (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN**
- a. There are no minor children.
 - b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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- (1) continued on Attachment 4b.
- (2) a child who is not yet born.
- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: Your Spouse or Registered Domestic Partner's Legal Name RESPONDENT: Your Legal Name	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Your Case Number</div>
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Respondent requests that the court make the following orders:

5. **LEGAL GROUNDS** (Family Code sections 2200, 2210, 2210.1, 2212)
- a. Respondent contends that the marriage or domestic partnership is invalid. Check the appropriate box labeled a through c and the appropriate inside box labeled (1) through (6). See item 5c. for an example.
- b. Respondent denies that the marriage or domestic partnership is invalid.
- c. Respondent requests that the court make the following orders:
- (1) Divorce
- (a) irreconcilable differences. (b) permanent legal incapacity to make decisions.
- (2) Nullity of void marriage or domestic partnership based on
- (a) incest. (b) bigamy.
- (3) Nullity of voidable marriage or domestic partnership based on
- (a) respondent's age at time of registration of domestic partnership or marriage. (d) fraud.
- (b) prior existing marriage or domestic partnership. (e) force.
- (c) unsound mind. (f) physical incapacity.

6. **CHILD CUSTODY AND VISITATION (PARENTING TIME)**

Petitioner Respondent Joint Other

- a. Legal custody of children to There are no minor children of the marriage.
- b. Physical custody of children to
- c. Child visitation (parenting time) be granted to
- As requested in form FL-311 form FL-312 form FL-341(C) form FL-341(D) form FL-341(E) Attachment 6c(1)

7. **CHILD SUPPORT**

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay child support must file a financial statement with the court.
- d. Other (specify):

Check box 8a if you want a spousal support order.

Check box 8b if you do not want to pay spousal support to your spouse or DP or if you do not want spousal support paid to you.

Check box 8c if you want to reserve the issue of spousal support so that it may be addressed in the future.

8. **SPOUSAL OR DOMESTIC PARTNERSHIP SUPPORT**

- a. Spousal or domestic partnership support.
- b. Terminate (end) the court's ability to award support to Petitioner Respondent.
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (specify):

9. **SEPARATE PROPERTY**

Check the box the applies.

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in Property Declaration (form FL-160). Attachment 9b. the following list. Item Confirm to

List any things, money, other property or debts from before marriage or registration or after the date of separation.

Also list anything you or the other party inherited or received as a gift at any time.

Put the name of the person you want to get each of the items you listed.



PETITIONER: Your Spouse or Registered Domestic Partner's Legal Name	CASE NUMBER:
RESPONDENT: Your Legal Name	Your Case Number

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of. Check the box that applies.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160). in Attachment 10b.
 - as follows (*specify*):

List any things, money, other property or debts you and the other party accrued or earned during the marriage or domestic partnership (including house, car, 401(k), pension, debts, credit cards, loans, furniture) no matter whose name it is in!

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*):
- c. Other (*specify*):

Check box 11b and write your full maiden name here if you want it back.

Continued on Attachment 11c.

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 here
(TYPE OR PRINT NAME)

Sign your name here
(SIGNATURE OF RESPONDENT)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation (form FL-107-INFO)* and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

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 SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: ASK STAFF TO STAMP MAILING ADDRESS: FORM WITH CORRECT CITY AND ZIP CODE: ADDRESS BRANCH NAME: _____	CASE NUMBER: YOUR COURT CASE NUMBER (If applicable, provide): HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PETITIONER/PLAINTIFF: SPOUSE/DOMESTIC PARTNER'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 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.
2. My residence or business address is:
ADDRESS OF SERVER (PERSON WHO MAILED A FILED COPY OF YOUR FORMS TO THE OTHER PARTY)
3. I served a copy of the following documents (*specify*):
RESPONSE-MARRIAGE/DOMESTIC PARTNERSHIP

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: **YOUR SPOUSE/DOMESTIC PARTNER'S NAME**
 - b. Address: **YOUR SPOUSE/DOMESTIC PARTNER'S ADDRESS**
 - c. Date mailed: **DATE SERVER MAILED YOUR FORMS TO YOUR SPOUSE/DOMESTIC PARTNER**
 - d. Place of mailing (*city and state*): **CITY AND STATE WHERE THE FORMS WERE PLACED 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 THIS FORM**

SERVER WILL PRINT HIS/HER NAME HERE _____
 (TYPE OR PRINT NAME)

SERVER WILL SIGN HIS/HER NAME HERE _____
 (SIGNATURE OF PERSON COMPLETING THIS FORM)