

SAMPLES

RESPOND TO DISSO, WITH MINORS

Rev. 1/1/2023

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:

NAME: **Your Legal Name**

FIRM NAME:

STREET ADDRESS: **Your 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: **Your Spouse or Registered Domestic Partner's Legal Name**

RESPONDENT: **Your Legal Name**

RESPONSE Check the box that applies

Dissolution (Divorce) of: Marriage AMENDED Domestic Partnership

Legal Separation of: Marriage Domestic Partnership

Nullity of: Marriage Domestic Partnership

CASE NUMBER:

Your 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, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our n... Petitioner lives

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): **Date of Marriage** (2) Date of separation (specify): **Date of Separation**

(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): **Date of Registration**

(2) Date of separation (specify): **Date of Separation**

(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:

Child's name	Birthdate	Age
<p>Write the minor children's full legal names, birthdates, ages and sex. If you have more than one child together, list them in age order from oldest to youngest.</p> <p>If any of the children were born before you got married, check Item 6d.</p> <p>If the father signed a voluntary declaration of paternity, complete box 4d.</p>		

(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. **If any of your children were born before you were married and the father signed the voluntary declaration of paternity, check box 4d and attach a copy.**

d. If there are minor children of Petitioner and Respondent who were born before the marriage or domestic partnership, and the father signed a voluntary declaration of paternity, check box 4d and attach a copy.

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	CASE NUMBER:
RESPONDENT: Your Legal Name	Your Case Number

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2300, 2310, 2310, 2312)

Check the appropriate box labeled a through c and the appropriate inside box labeled (1) through (6). See item 5c. for an example.

- a. Respondent contends that the marriage or domestic partnership is invalid.
- 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
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Complete items a-c to tell the court what custody and visitation orders you want.

- a. Legal custody of children to Petitioner Respondent Joint Other
 - b. Physical custody of children to Petitioner Respondent Joint Other
 - c. Child visitation (parenting time) be granted to Petitioner Respondent Joint Other
- 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 payable to Petitioner Respondent
- 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:	Your Case Number
RESPONDENT:	Your Legal Name		

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.

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;">Your court case number</div>
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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. 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

e. Visitation (parenting time). (Specify start and ending date and time. If a month is specified, specify the day of the month.)
 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 month _____ at _____
 to _____ at _____
 (day of week) (time)

fy: start of school
 after school

fy: 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 _____ 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 _____
 to _____ at _____
 (day of week) (time)

fy: start of school
 after school

fy: 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**

(1) I **petitioner** **respondent** **other parent/party** have supervised visitation with the child(ren) (specify below):

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: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;">Your court case number</div>
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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)**

(Con
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.

d to have a history of
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, place, and manner of transfer of the child, as Family Code section 6323(c).

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)	CASE NUMBER:
RESPONDENT: Respondent's name	Your court case number
OTHER PARENT/PARTY:	

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, State Bar number, and address): <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Your name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Your address</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: _____	
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: <div style="border: 1px solid black; padding: 2px;">Petitioner's name</div> OTHER PARTY: <div style="border: 1px solid black; padding: 2px;">Respondent's name</div>	
GUARDIANSHIP OF (Name): <div style="border: 1px solid black; padding: 2px;">Leave blank</div> Minor	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Your Court Case #, if you have one</div>
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

of children you have WITH the other party

 Family Code section 3429 as I have indicated in item 3.
3. There are (specify number):

1

 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 Child #1's name (oldest child)	Place of birth For example: San Jose, CA	Date of birth Child's Birthdate	Sex M OR F
Period of residence 1/05 to present	Address 123 Maple Street, San Jose, CA <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) John Smith, Same address <input type="checkbox"/> Confidential	Relationship Father
3/00 to 1/05	Child's residence (City, State) Milpitas, CA	Person child lived with (name and complete current address) Sally Doe, 543 Oak St., San Jose, CA	Mother

Above is an example of how to complete this form. This form asks you to show where the child has lived for the last 5 years and who has lived with the child. Start with the child's current address and work backwards for the last 5 years. If you can't remember or don't know the exact addresses, put as much as you know.

b. Child's name Child #2's name (next oldest child)	Place of birth For example: San Jose, CA	Date of birth Child's Birthdate	Sex M OR F
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship

If there are more children, fill out item 2 (and attachment form FL-105(A) if there are 3 or more children). If the additional children have the same address information as the oldest child, check the box in item b. saying it is the same. If the address information is different then complete the entire address section.

- 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: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 90%;"> Petitioner's last name v. Respondent's last name </div>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 90%;"> Your Court Case #, if you have one </div>
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4. Do you have information about, or have you participated as a party or as a witness or in 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						

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 <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				

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 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	b. Name and address of person	c. Name and address of person
If you think you should fill out this area, check with staff first.		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	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: **Today's date**

Print your name _____
 (TYPE OR PRINT NAME)

Sign your 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.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Your name Your address</p> </div> <p>TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS: 201 N. First Street, San Jose, CA 95113</p> <p>MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: Family Justice Center Courthouse</p>	<p><i>FOR COURT USE ONLY</i></p> <p style="font-size: 24pt; font-weight: bold;">SAMPLE ONLY</p> <p style="font-size: 18pt; font-weight: bold;">Do not write on this copy!</p>
<p>PETITIONER/PLAINTIFF: Petitioner's name (person who started the case)</p> <p>RESPONDENT/DEFENDANT: Respondent's name</p> <p>OTHER PARENT/PARTY: _____</p>	<p>CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Your court case number</div></p> <p><i>(If applicable, provide):</i></p> <p>HEARING DATE: _____</p> <p>HEARING TIME: _____</p> <p>DEPT.: _____</p>
<p>PROOF OF SERVICE BY MAIL</p>	

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

1. **This form will be completed by your server. (The server is the person who mailed 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.)**

2. My residence or business address is:

Address of server

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

Response - Marriage/Domestic Partnership (FL-120)
UCCJEA (FL-105)
Child Custody and Visitation (Parenting Time) 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:

Name of person who was served
- b. Address:

Address where the forms were mailed
- c. Date mailed:

Date server mailed the forms
- d. Place of mailing (*city and state*):

What city was the server in when they mailed out the forms?

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's name

(TYPE OR PRINT NAME)

Server's signature

(SIGNATURE OF PERSON COMPLETING THIS FORM)