

SAMPLES

START DISSO, WITH MINORS

Rev. 5/15/2024

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

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

Your Spouse or Registered Domestic Partner (DP)'s Legal Name

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

SAMPLE ONLY
Do not write on this copy!

You have been sued. Read the information below and on the next page.
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name is: Your Legal Name
Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):
Leave Blank

Important:
You must write your name and the other party's name the EXACT same way throughout your forms.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local county bar association.

Tiene **30 días de calendario** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario [FL-120](#)) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:
These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2: Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidan la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]

- The name and address of the court are (El nombre y dirección de la corte son):
Superior Court of California, County of Santa Clara
201 N. First Street, San Jose, CA 95113
191 N. First Street San Jose, CA 95113

- The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

Your legal name
Your address
Your phone number

Date (Fecha): Leave Blank Clerk, by (Secretario, por) Leave Blank, Deputy (Asistente)

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

NOTICE—ACCESS TO AFFORDABLE HEALTH

INSURANCE: Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

WARNING—IMPORTANT INFORMATION

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. *llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;*
2. *cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);*
3. *transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y*
4. *crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.*

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

PARTY WITHOUT ATTORNEY OR ATTORNEY

STATE BAR NUMBER:

FOR COURT USE ONLY

NAME:
FIRM NAME:
STREET ADDRESS:
CITY:
TELEPHONE NO.:
E-MAIL ADDRESS:
ATTORNEY FOR (name):

Your Name
Your Address
Self-Represented

Note: You must write your name and the other party's name the exact same way throughout your forms.

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 Name
RESPONDENT: Your Spouse or Registered Domestic Partner's Name

PETITION FOR Check the box that applies
 Dissolution (Divorce) of: Marriage Domestic Partnership
 Legal Separation of: Marriage Domestic Partnership
 Nullity of: Marriage Domestic Partnership
 AMENDED

CASE NUMBER:
Leave Blank

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.
b. Our domestic partnership was established in California.
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 marriage.

Check the boxes that apply and fill in the date of marriage and/or registration, the date of separation and the length of the relationship.

3. STATISTICAL FACTS

- a. (1) Date of marriage: _____
(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:
Child's name Birthdate Age

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.
If any of the children were born before you got married, check Item 6d.
If the father signed a voluntary declaration of paternity, complete box 4d.

- (1) continued on Attachment 4b. (2) a child who is not yet born.
c. If any children listed above 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 and Enforcement Act (UCC/IEA) (form FL-103) must be filed.
e. Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: Your Name	CASE NUMBER:
RESPONDENT: Your Spouse or Registered Domestic Partner's Name	Leave Blank

Petitioner requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210, 2310–2312)

- a. Divorce or Legal separation of the marriage or domestic partnership based on (check one):
 (1) irreconcilable differences. (2) permanent legal incapacity to make decisions.
- b. Nullity
 (1)
- c. Nullity
 (1)
- d. partnership or marriage. (5) force.
 (2) prior existing marriage or domestic partnership. (6) physical incapacity.
 (3) unsound mind. (6)

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

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|--------------------------|--------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>a. Legal custody of children to.....</p> <p>b. Physical custody of children to.....</p> <p>c. Child visitation (parenting time) be granted to.....
 As requested in <input checked="" type="checkbox"/> form FL-311 <input type="checkbox"/> form FL-312
 <input type="checkbox"/> form FL-341(D) <input type="checkbox"/> form FL-341(E)</p> | <table border="0" style="width:100%;"> <tr> <td style="text-align: center;">Petitioner</td> <td style="text-align: center;">Respondent</td> <td style="text-align: center;">Joint</td> <td style="text-align: center;">Other</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Petitioner | Respondent | Joint | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Petitioner | Respondent | Joint | Other | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |

Complete items a-c to tell the court what custody and visitation orders you want.

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 support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- 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.

Note: You must make a request as to both yourself and the Respondent.

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or Domestic Partner Support
- b. Terminate (or suspend) Spousal or Domestic Partner Support
- c. Reserve for future determination
- d. Other (specify) _____

9. SEPARATE PROPERTY

Check the box that applies.

- a. There are no such assets or debts that I know or to be committed 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 Name	Leave Blank
RESPONDENT:	Your Spouse or Registered Domestic Partner's Name	

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY **Check the box that applies.**

- a. There are no such assets or debts that I know or to be divided by the court.
- 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. Petitioner'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.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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 PETITIONER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

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.



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

CASE NUMBER:
LEAVE BLANK

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.** cases
- a. See the attached _____-page document dated (specify date):
- b. 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:
LEAVE BLANK

e. Visitation (parenting time). (Specify start and ending date and time. If a **Check one to indicate who will have the parenting schedule listed below.** pl.)
 Petitioner's **Respondent's** **Other Parent's/Party's** parenting schedule

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

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

month
 from **Complete this section to request weekend parenting time.** specify: start of school
 after school
 to month specify: 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
 (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 **Complete this section to request weekday parenting time.** specify: start of school
 after school
 to month 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** **Complete this section to ask for supervised parenting time.** have supervised visitation
 (1) I **Complete this section to ask for supervised parenting time.** specify: start of school
 after school

(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: 5px; text-align: center; font-weight: bold;">LEAVE BLANK</div>
--	--

(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	LEAVE BLANK
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;">Your 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; width: 100px;">Leave Blank</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): 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; width: 95%;">Your last name v. Respondent's last name</div>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; width: 95%;">Leave Blank</div>
--	---

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No *(If yes, attach a copy of the orders (if you have one) and provide the following information):*

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

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.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Family Justice Center	<i>FOR COURT USE ONLY</i> SAMPLE ONLY Do not write on this copy!
PETITIONER: <input type="text" value="Your Name"/>	CASE NUMBER: <input type="text" value="Leave Blank"/>
RESPONDENT: <input type="text" value="Other Party's Name"/>	
FAMILY LAW NOTICE Dissolution/Legal Separation/Nullity/Parentage	

PLEASE READ THIS ENTIRE FORM

Your case has been assigned to Judge in Department for all purposes at the Family Courthouse Located at: 201 North First Street, San José, CA 95113.

TO THE PETITIONER (the person who started the case): You must serve a copy of this notice on the other party. **YOU CANNOT SERVE THE OTHER PARTY YOURSELF.**

TO THE RESPONDENT (the person who did not start the case): If you want to protect your rights and participate in this case, you must file a Response with the Court within **30 days** of being served.

RULES FOR THE STATUS CONFERENCE:

You must follow the California Rules of Court, the Superior Court of California, County of Santa Clara Local Family Law Rules and you must use the correct forms. You can access the California Rules of Court and Judicial Council forms at www.courts.ca.gov/rules.htm and the Local Family Law Rules and Local forms at www.scscourt.org.

A final Judgment will NOT be entered in your case automatically. You must take further action to finish your case!

IF YOU NEED HELP:

- Please visit the Self Help section on the Court's website at www.scscourt.org
- For a low cost consultation with a private attorney contact the Santa Clara County Bar Association at (408) 971-6822 (or www.sccbba.com).
- You can also email, call or Live Chat the Court's Self Help Center by going to www.scscourt.org, then click "Contact the Self Help Center".

If, after reviewing the Court's website or other information, you would like to schedule a Status Conference to review the status of your case and next steps to finish it, you may contact the Family Court Clerk's Office at (408) 534-5600 or visit them in person at one of the three courthouses listed above during regular Court business hours. **The purpose of the Status Conference is to review your case's progress; it is not the date when your case is actually finished.**

PARTY WITHOUT ATTORNEY or ATTORNEY NAME: Your Legal Name FIRM NAME: STREET: Your Address CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	STATE BAR NO.: <div style="border: 1px solid black; padding: 5px;"> Note: You must write your name and the other parent's name the exact same way throughout your forms. </div>	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, 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 Legal Name RESPONDENT: Respondent's Legal Name		
PROOF OF SERVICE OF SUMMONS		CASE NO. <div style="border: 1px solid black; padding: 2px 10px;">Leave Blank</div>

1. At the time of filing, **This form will be completed by your server. (The server is the person who handed a filed copy of the forms listed in item 1 to the respondent. Note: The server must be an adult who is not part of the case.)**

- a. *Marriage/Domestic Partnership* (form [FL-120](#))
- or-
- b. *Uniform Parentage: Petition to Determine Parental Relationship* (form [FL-200](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition to Determine Parental Relationship* (form [FL-220](#))
- or-
- c. *Custody and Support: Petition for Custody and Support of Minor Children* (form [FL-260](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition for Custody and Support of Minor Children* (form [FL-270](#))
- Mark the boxes of any attached forms.**
- d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#))
- (2) Completed and blank *Declaration of Disclosure* (form [FL-140](#))
- (3) Completed and blank *Schedule of Assets and Debts* (form [FL-142](#))
- (4) Completed and blank *Income and Expense Declaration* (form [FL-150](#))
- (5) Completed and blank *Financial Statement (Simplified)* (form [FL-155](#))
- (6) Completed and blank *Property Declaration* (form [FL-160](#))
- (7) *Request for Order* (form [FL-300](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320](#))
- (8) Other (specify):
 ADR Options (Local form FM-1021);
 Family Law Notice (Local form FM-1050)
 Child Custody and Visitation Application Attachment (FL-311)

2. Address where respondent was served:

The server writes in the address where the other party was served (handed) a copy of the filed court papers.

3. I served the respondent by the following means (check proper boxes):

a. **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): **Date of Service** at (time): **Time of Service (include AM or PM)**

- b. **Substituted service.** I left the copies with or in the presence of (name):
 who is (specify title or relationship to respondent):
- (1) **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
- (2) **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.
- on (date): _____ at (time): _____

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date):

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

PETITIONER: Your Legal Name	CASE NUMBER: Leave Blank
RESPONDENT: Respondent's Legal Name	

3. c. **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____
- (1) with two copies of the *Notice and Acknowledgment of Receipt* (form [FL-117](#)) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt* (form [FL-117](#))).** (Code Civ. Proc., § 415.30.)
- (2) to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., §§ 415.40, 417.20.)
- d. **Other** (specify code section): _____
- Continued on [Attachment 3d](#).

4. **Person who served papers**

Name: Name of Server (Person who handed the papers to the other party)

Address:

Street Address: Server's Address _____

City: _____ Zip Code: _____

Telephone number: Server's Phone Number _____

- This person is
- a. exen Check one in under Business and Professions Code section 22350(b).
- b. not a registered California process server.
- c. a registered California process server: an employee or an independent contractor
- (1) Registration no.: _____
- (2) County: _____
- (3) **The fee** for service was (specify): \$ _____

5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or—
6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: Date Server Signs _____

Server prints their name here
(NAME OF PERSON WHO SERVED PAPERS)

▶ Server signs here _____
(SIGNATURE OF PERSON WHO SERVED PAPERS)