

SAMPLES

START UPA WITH REQUEST FOR ORDER, C/V

Rev. 1/1/2023

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

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

REQUEST FOR ORDER

Note: Place a mark 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):

Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)

The If there is a restraining order in place between you and the other party,

a. complete this section and attach a copy, if you have one.

b.

c. Juvenile: County/state (specify): _____ Case No. (if known): _____

d. Other: Check these boxes, if you are asking for Custody and Parenting Time orders. _____ (if known): _____

2. CHILD CUSTODY

VISITATION (PARENTING TIME)

I request temporary emergency orders

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

Child #2's name and date of birth

Child #3's name and date of birth

See attached FL-311

[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).

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.

(2) The visitation (parenting time) order was filed on (date). _____ . The court ordered (specify):

[Attachment 2d.](#)

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

3. CHILD SUPPORT

(Note: An earnings assignment may be issued.)

Complete this section if you are asking for child support. You must also complete form FL-150.

a. I request that the court order child support as follows.

Child's name and age

I request support for each child Monthly amount (\$) requested based on the child support guideline. (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. I want to change a current court order for child support filed on (date):

The court ordered child support as follows (specify):

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.

Complete this section if you are asking for spousal support.

4. You must also complete form FL-150.

(Note: An Earnings Assignment Order for Spousal or Partner Support (form FL-150) may be issued.)

a. Amount requested (monthly): \$

b. I want the court to change end the current support order filed on (date):

The court ordered \$ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.

I have completed and attached Spousal or Partner Support Declaration Attachment (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current Income and Expense Declaration (form FL-150) in support of my request.

e. The court should should make, change, or end the support orders because (specify):

Attachment 4e.

Explain why the court should grant your request for spousal support.

5. PROPERTY CONTROL

I request temporary emergency orders

a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify):

b. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

c. This is a change from the current order for property control filed on (date):

d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

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

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. DOMESTIC VIOLENCE ORDER
- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
 - Read [form DV-400-INFO](#), *How to Change or End a Domestic Violence Restraining Order* for more information.
- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date): _____
 - b. I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
 - c. I request that the court make the following changes to the restraining orders (specify): [Attachment 7c.](#)
 - d. I want the court to change or end the orders because (specify): [Attachment 7d.](#)

8. OTHER ORDERS REQUESTED (specify): _____ [Attachment 8.](#)

If you are asking for orders that are not in the preprinted language, complete this section. Ask the Self-Help Center if you are not sure how to make your request.

9. 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 9c.](#)

10. 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. [Attachment 10.](#)

Tell the court why you are requesting the orders listed on this form and provide facts and/or evidence to support your request.
 Note: You may only attach up to 10 pages.

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:

(TYPE OR PRINT 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:
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>
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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):

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:
LEAVE BLANK

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

(3) **Weekdays starting (date):**

from _____ at _____
 to _____ at _____
 Specify: start of school after school
 start of school after school

(4) Other visitation (parenting time) days and restrictions are: [listed in Attachment 2e\(4\)](#)
 as follows:

3. **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. **Supervised visitation.** I have supervised visitation with my child(ren).
 (1) **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: 5px; text-align: center; font-weight: bold;">LEAVE BLANK</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	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.

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

The Other Parent's Full Legal Name

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

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

NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARENT'S NAME THE SAME WAY THROUGHOUT YOUR FORMS.

Petitioner's name:

El nombre del demandante:

Your Full Legal Name

CASE NUMBER: (Número de caso)

Leave Blank

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p><i>Tiene 30 días de calendario</i> después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) 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.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p><i>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</i></p>
<p>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 bar association.</p>	<p><i>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.</i></p>
<p>NOTICE: <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p>AVISO: <i>La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p>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.</p>	<p>EXENCIÓN DE CUOTAS: <i>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.</i></p>

[SEAL]

1. The name and address of the court are: (El nombre y dirección de la corte son:)

**Superior Court of California, County of Santa Clara
Street: 201 N. First Street, San Jose, CA 95113
Mail: 191 N. First Street, San Jose, CA 95113**

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

**Your Full Legal Name
Your Street Address
City, State, Zip Code
Your Phone Number**

Date (Fecha): **Leave Blank**

Clerk, by (Secretario, por) **Leave Blank**

, Deputy (Asistente)

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.

Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes.

Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.

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 toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURA DE SALUD MÁS

ECONOMICO 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 al 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.

Print this form

Save this form

Clear this form

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE: _____

NAME: **Your Name**

FIRM NAME: _____

STREET ADDRESS: **Your Street Address**

CITY: **City, State, Zip Code**

TELEPHONE NO.: _____ STATE: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

ATTORNEY FOR (name): Self-Represented

NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARENT'S NAME THE SAME WAY THROUGHOUT YOUR FORMS.

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 Name**

RESPONDENT: **Other Parent's Name**

PETITION TO DETERMINE PARENTAL RELATIONSHIP

CASE NUMBER: **Leave Blank**

1. The petitioner
- a. I gave birth to the children listed in item 2.
 - b. I want to be determined as a parent of the children listed in item 2.
 - c. I want to be determined as not a parent of the children listed in item 2 because (specify): _____
 - d. I am the child or the child's personal representative (specify court and date of appointment): _____
 - e. Other (specify): _____
- Check the box that applies to you.**

2. The children are

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

- b. Child who is not yet born.
- If you are filing about an unborn child, mark this box.**

3. The court has jurisdiction over the respondent because the respondent:
- a. lives in this state.
 - b. had sexual intercourse in this state with the child or children listed in item 2.
 - c. is the child's parent (specify): _____
- Check the box that applies to your case.**

4. The action is brought in this county because (you must check one or more to file in this county):
- a. the children live or are found in this county.
 - b. a parent is deceased and proceedings for administration of the estate have been or could be started in this county.

5. Petitioner claims (check all that apply):
- a. Respondent is the parent of the child.
 - b. Support or maintenance has been provided to the child or children listed in item 2.
 - c. Respondent is the children's parent (specify name): _____
 - d. Respondent has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the children should pay:

Amount	Payable to	For (specify):
--------	------------	----------------
- Check all of the boxes that apply to your case.**

- e. Public assistance is being provided to the children.
 - f. Other (specify): _____
- If you have a case with DCSS, write "Relate case" and the case number.**

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

PETITIONER: Your Name RESPONDENT: Other Parent's Name	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Leave Blank</div>
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Petitioner asks the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP (check all that apply).

Check the boxes that apply

- a. Petitioner Respondent is the parent of the children listed in item 2.
- b. Petitioner Respondent is not the parent of the children listed in item 2.
- c. Petitioner requests genetic testing to determine whether the Petitioner Respondent is the parent of the children listed in item 2.

Check the boxes that apply

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. If Petitioner Respondent is found to be the parent of the children listed in item 2.

Choose one on each row

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| b. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

See FL-311 attached to FL-300 filed concurrently.
 As requested in form **FL-311** form **FL-312** form **FL-341(C)**
 form **FL-341(D)** form **FL-341(E)** **Attachment 8d**

- e. The facts in support of the requested custody and visitation (parenting time) orders are (specify):
 Contained in the attached declaration.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

Reasonable expenses of pregnancy and birth to be paid by as follows:

	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

Check this box to ask to change the child(ren)'s name(s)

Children's names be changed, according to Family Code Section 7630, as follows (specify old and new names):

If you wish to change the child(ren)'s name(s), list the current and new names.

12. CHILD SUPPORT

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13. OTHER ORDERS REQUESTED (specify):

14. I have read the restraining order on the back of the Summons (form FL-210) and I understand it applies 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)

A blank Response to Petition to Determine Parental Relationship (form FL-220) must be served on the respondent with this petition.

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 (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: _____ 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): 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
to	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.		
to			
to			

- 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>
---	---

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 (name, state, location)	Court order or judgment (date)	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 (name, state, location)
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 (if known)	Orders expire (date)
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 STATE BAR NO.: NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ TELEPHONE NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): Self-Represented	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: _____ RESPONDENT: _____	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: _____ <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Leave Blank </div>

1. **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.)**

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*

Mark the boxes of any attached forms.

- | | |
|--|---|
| d. <input checked="" type="checkbox"/> (1) <input checked="" type="checkbox"/> Completed and blank <i>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)</i> (form FL-105)
(2) <input type="checkbox"/> Completed and blank <i>Declaration of Disclosure</i> (form FL-140)
(3) <input type="checkbox"/> Completed and blank <i>Schedule of Assets and Debts</i> (form FL-142)
(4) <input type="checkbox"/> Completed and blank <i>Income and Expense Declaration</i> (form FL-150) | (5) <input type="checkbox"/> Completed and blank <i>Financial Statement (Simplified)</i> (form FL-155)
(6) <input type="checkbox"/> Completed and blank <i>Property Declaration</i> (form FL-160)
(7) <input checked="" type="checkbox"/> <i>Request for Order</i> (form FL-300), and blank <i>Responsive Declaration to Request for Order</i> (form FL-320)
(8) <input checked="" type="checkbox"/> 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: Other Parent'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 Zip Code: _____

City: _____ 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)