

# SAMPLES

START UPA WITH EX PARTE REQUEST FOR ORDER

Rev. 5/15/2024

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

FOR COURT USE ONLY

Your Name: Your Legal Name  
Your Mailing City, State, Zip: Your Address

Note: Write your name and the other party's name the same way throughout the forms.

**SAMPLE ONLY**  
**Do not write on this copy!**

TELEPHONE NO.: FAX NO. (Optional):  
E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Self Represented**  
**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**  
STREET ADDRESS: **201 N. First Street, San Jose, CA 95113**  
MAILING ADDRESS: **191 N. First Street, San Jose, CA 95113**  
CITY AND ZIP CODE:  
BRANCH NAME: **Family Justice Center Courthouse**

PETITIONER:  
RESPONDENT:

CASE NUMBER:  
**Leave Blank**

DEPARTMENT NUMBER:  
FCS NUMBER:

PETITIONER=Name of Person Who Started This Case\*  
\*If you are opening a brand new court case  
\*If you have a previous court case and don't know, ask Court Staff.  
RESPONDENT=The Other Person's Name In The Case

- 1. I am (choose one):  
a.  attorney for Petitioner **Check one**  attorney for Respondent  attorney for child(ren)  
b.  self-represented Petitioner  self-represented Respondent  
c.  other (explain):

- 2. The opposing party or minor children is represented by an attorney:  Yes  No  
If the other party has an attorney, put the attorney's info here. **OR** If the other party does not have an attorney, put the other party's info here instead.

- 3. OTHER CASES: Have the parties to this case been involved in another Family, Probate, Juvenile, or Criminal Court Case?  Yes  No If the answer is Yes, check the box and if the party has another case, fill in the case number: **CHOOSE ONE**

- 4. OTHER APPLICATIONS: For another party,  have  have not made previous application(s) on the same issue. Orders were  granted  denied. **Check the boxes that apply and explain in your declaration.**

- 5. NOTICE  
I HAVE given notice to all opposing parties and/or their attorney by the following method:  
 Personal delivery  Fax  Overnight Carrier  First Class Mail  Other: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person who received: \_\_\_\_\_

**\*\*\*\*\* STOP AT ITEM 5 \*\*\*\*\***  
**CHECK WITH STAFF BEFORE COMPLETING THIS SECTION.**

- I have  In  W  
b. I ask the spouse to give a false affidavit of violence.  
 The spouse is violent.  
 The spouse is violent and has threatened the children.  
 Giving notice would frustrate the purpose of the order;  
 Giving notice would result in immediate and irreparable harm to the applicant or the children who may be affected by the order sought;  
 Giving notice would result in immediate and irreparable damage to or loss of property subject to disposition in the case;  
 The parties agreed in advance that notice will not be necessary with respect to the matter that is the subject of the request for emergency orders. Provide documentation of this agreement; and/or,

not apply. In you must Domestic



PETITIONER=Name of Person Who Started This Case* *If you are opening a brand new court case R *If you have a previous court case and don't know, ask Court Staff. RESPONDENT=The Other Person's Name In The Case	CASE NUMBER <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Leave Blank</div>
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## INSTRUCTIONS

For more information please refer to Superior Court of California, County of Santa Clara Local Rules 5 A & B and California State Rules, Rules 5.151, 5.165, 5.167, and 5.170.

This form is required in Santa Clara County, if you are asking the Judge to make immediate orders (also known as emergency or ex parte orders) without the other party being present for a hearing. This form must be completed in any case where ex parte orders or emergency orders are requested. If you are required to give notice, notice must be given before 10:00 a.m. on the court day before the Judge reviews the application, or the application will be delayed another 24 hours. Notice means providing the other side of the case, either all other attorneys or any self-represented party, with copies of any papers that you want the Judge to review and any orders that you are requesting. If you have given notice to the other side of your case, you must state the form of notice given. If you ask the Court to not require notice, you must explain why. Sometimes notice is not required, such as cases involving allegations of domestic violence or where the safety of a party or a child might be at risk if notice is given. It is up to the Judge in your case to determine whether notice will be required or not.

### **SECTION #1**

State whether you are the Petitioner or the Respondent in the case. Once a case is filed, the parties keep the same status in the case. You do not change from the Respondent to the Petitioner by filing a new motion in the case. If you do not have an attorney, you are considered self-represented.

### **SECTION #2**

If any other party is represented by an attorney, you must provide the Court with the attorney's name and address. If the other party is not represented by an attorney, you must provide the Court with the other party's address.

### **SECTION #3**

It is very important to list all other cases in which you and the other party have been involved with the courts. This would include other Family Law, Probate, Juvenile, Restraining Order, Child Support, Civil, or Criminal matters. If you do not have the case number, please put "unknown" and list the county and the year of the filing, if possible.

### **SECTION #5a.**

Unless notice is excused by the Court, you must provide notice of this application to all other parties and attorneys before you deliver a copy to the Court. When you give such notice, specify how you did it (by fax, courier, or personally, for example), who received it and at what time and on which date. Also, please explain how you know that the other side received copies of your papers and what response you were given.

### **SECTION #5c.**

**If you believe that you should not be required to give notice of this application and are asking the Court not to require notice, explain why in this section. Check as many boxes as apply. You may also write out any further explanation of your reasons for not giving notice or provide a separate declaration.**

After this form is completed, attach it to your application or motion and submit them to the Court Specialist's Office at the Family Court Facility where you are dropping off your paperwork for review.





PETITIONER: <input style="width: 90%;" type="text" value="Your name"/> RESPONDENT: <input style="width: 90%;" type="text" value="Respondent's name"/> OTHER PARENT/PARTY: <input style="width: 90%;" type="text"/>	CASE NUMBER: <input style="width: 90%; height: 20px;" type="text" value="Leave Blank"/>
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3.  **CHILD CUSTODY (continued)**

c. **Travel restrictions**

- (1) The petitioner  **must not remove the minor child(ren) from the state of California until the court hearing.**
- (2)  **Complete this section if you want the court to restrict travel with the minor child(ren) until the court hearing.**  **minor children (specify):**
- (b)  from the following counties (specify):
- (c)  other (specify):

d.  **Child abduction prevention orders** are attached (see form FL-341(B)).

- e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (specify):
- The United States of America     Other (specify):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4.  **PROPERTY CONTROL**

a.  Petitioner     Respondent     Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties  own or are buying     lease or rent

b.  Petitioner     Respondent     Other Parent/Party is ordered to make the following payments on the liens and encumbrances 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:

5.  All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6.  **OTHER ORDERS (specify):**  Additional orders are listed in Attachment 6.

Check with staff before completing this section.

Date:

Leave blank

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

**THIS IS A COURT ORDER.**



<p>PARTY WITHOUT ATTORNEY OR ATTORNEY</p> <p>STATE BAR NUMBER:</p> <p>NAME: <span style="border: 1px solid black; padding: 2px;">Your name</span></p> <p>FIRM NAME: <span style="border: 1px solid black; padding: 2px;">Your address</span></p> <p>STREET ADDRESS:</p> <p>CITY:</p> <p>TELEPHONE NO.:</p> <p>E-MAIL ADDRESS:</p> <p>ATTORNEY FOR (name):</p>	<p><b>FOR COURT USE ONLY</b></p> <p style="font-size: 2em; font-weight: bold;">SAMPLE ONLY</p> <p style="font-size: 1.5em; font-weight: bold;">Do not write on this copy!</p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> <p>STREET ADDRESS: <span style="border: 1px solid black; padding: 2px;">Ask staff to stamp courthouse address</span></p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>PETITIONER: <span style="border: 1px solid black; padding: 2px;">Your name</span></p> <p>RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Respondent's name</span></p> <p>OTHER PARENT/PARTY:</p>	
<p><b>REQUEST FOR ORDER</b>    <input type="checkbox"/> <b>CHANGE</b>    <input type="checkbox"/> <b>TEMPORARY EMERGENCY ORDERS</b></p> <p><input checked="" type="checkbox"/> Child Custody    <input checked="" type="checkbox"/> Visitation    <span style="border: 1px solid black; padding: 2px;">Check all the boxes that apply</span> or Partner Support  <input type="checkbox"/> Child Support    <input type="checkbox"/> Domestic Violence    /s Fees and Costs  <input type="checkbox"/> Property Control    <input type="checkbox"/> Other (specify):</p>	
<p>CASE NUMBER: <span style="border: 1px solid black; padding: 2px;">Leave Blank</span></p>	

**NOTICE OF HEARING**

1. TO (name(s)): The other party's name (if DCSS is involved in your case, write "DCSS" here too)

Petitioner     Respondent     Other Parent/Party     Other (specify):

**2. A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date: Leave this box blank     Room.:

b. Address of court: Leave this box blank

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

(Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

4.  Time  for service  until the hearing is shortened. Service must be on or before (date): 5 days before the hearing date
5.  A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date): 2 days before the hearing date
6.  The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7.  The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8.  Other (specify):

Date: Leave blank

Leave blank

JUDICIAL OFFICER

PETITIONER:	Your name	CASE NUMBER:
RESPONDENT:	Respondent's name	Leave Blank
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, complete this section and attach a copy, if you have one.

a.  Juvenile: County/state (specify): \_\_\_\_\_ Case No. (if known): \_\_\_\_\_

b.  Other:  Check these boxes, if you are asking for Custody and Parenting Time orders.  I request temporary emergency orders

2.  **CHILD CUSTODY**

**VISITATION (PARENTING TIME)**

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

Child's Name	Date of Birth	<input checked="" type="checkbox"/> Legal Custody to (person who decides: health, education, etc):	<input checked="" type="checkbox"/> Physical Custody to (person with whom child lives):
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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:

<input type="checkbox"/> <a href="#">Form FL-305</a>	<input checked="" type="checkbox"/> <a href="#">Form FL-311</a>	<input type="checkbox"/> <a href="#">Form FL-312</a>	<input type="checkbox"/> <a href="#">Form FL-341(C)</a>
<input type="checkbox"/> <a href="#">Form FL-341(D)</a>	<input type="checkbox"/> <a href="#">Form FL-341(E)</a>	<input type="checkbox"/> 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: RESPONDENT: OTHER PARENT/PARTY:	Your name Respondent's name	CASE NUMBER	Leave Blank
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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: <input style="width: 100%;" type="text" value="Your name"/> RESPONDENT: <input style="width: 100%;" type="text" value="Respondent's name"/> OTHER PARENT/PARTY: <input style="width: 100%;" type="text"/>	CASE NUMBER: <input style="width: 100%;" type="text" value="Leave Blank"/>
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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](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* ([form MC-410](#)). (Civ. Code, § 54.8.)

PETITIONER: **Your name**  
 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.

Child's Name	Date of Birth	Legal Custody to <i>(person who decides about the child's health, education, and welfare)</i>	Physical Custody to <i>(person the child regularly lives with)</i>
<b>List all of the minor children you have with the other party (oldest to youngest):</b> Child #1's name and date of birth Child #2's name and date of birth Child #3's name and date of birth		<b>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>	

b.  **Custody with allegations of a history of abuse or substance abuse**

- (1) **Complete this section if there is a history of abuse as described in 1.b.(1) or if there is a history of substance abuse as described in 1.b.(2).** to have parent spouse, or the
- (2)  Petitioner  Respondent  Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3)  I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4)  Even though there are allegations, I ask that the court make the child custody orders in item 1a.  
*(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)*  
 Below:  Attachment 1b.  Other (specify):

2.  **Visitation (Parenting Time).**

- Note: Un **Complete this section with the parenting schedule you are requesting for the parent that does not have the child most of the time.** ases
- a.  See the attached \_\_\_\_\_-page document dated (specify date):
- 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: **Your name**  
 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 \_\_\_\_\_ specify:  start of school  
 after school  
 to \_\_\_\_\_ 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.** ):

(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: **Your name**  
 RESPONDENT: **Respondent's name**  
 OTHER PARENT/PARTY: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_  
**LEAVE BLANK**

(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  
(1)  **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.**

(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: **Your name**  
 RESPONDENT: **Respondent's name**  
 OTHER PARENT/PARTY:

CASE NUMBER:  
**LEAVE BLANK**

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.**



SHORT TITLE:

Your Last Name and the Other Party's Last Name

CASE NUMBER:

Leave Blank

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ATTACHMENT (Number) : 10

Page \_\_\_\_\_ of \_\_\_\_\_

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

(Add pages as required)

# EXPLAIN THE EMERGENCY SITUATION IN THE FIRST SENTENCE

EXPLAIN WHY THE ORDERS YOU ARE REQUESTING ARE IN THE BEST INTEREST OF THE CHILD. IF YOU ARE ASKING THE COURT TO CHANGE AN EXISTING ORDER, EXPLAIN WHY THE CHANGE IS NEEDED.

FOR EXAMPLE, IF YOU WANT THE COURT TO GIVE YOU PHYSICAL CUSTODY, YOU NEED TO EXPLAIN HERE WHY THE CHILD IS BETTER OFF LIVING WITH YOU INSTEAD OF THE OTHER PARENT.

IF YOU ARE ASKING THE COURT TO ORDER A PARENTING SCHEDULE EITHER FOR YOU OR THE OTHER PARENT, EXPLAIN WHY THE SCHEDULE YOU ARE REQUESTING IS IN THE BEST INTEREST OF THE CHILD. IF YOU ARE ASKING THE COURT TO STOP THE OTHER PARENT'S TIME WITH THE CHILD(REN), OR ORDER SUPERVISED VISITS, EXPLAIN IN DETAIL THE SPECIFIC REASONS WHY.

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



**SUMMONS**

(Parentage—Custody and Support)

**CITACIÓN (Paternidad—Custodia y Manutención)**

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 <b>30 calendar days</b> 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 (<a href="http://www.courts.ca.gov/selfhelp">www.courts.ca.gov/selfhelp</a>), at the California Legal Services website (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>), 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 (<a href="http://www.sucorte.ca.gov">www.sucorte.ca.gov</a>), en el sitio web de los Servicios Legales de California (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>), o poniéndose en contacto con el colegio de abogados de su condado.</i></p>
<p><b>NOTICE: 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.</b></p>	<p><b>AVISO: La orden de protección que aparecen en la pagina 2</b> 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.</p>
<p><b>FEE WAIVER:</b> 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><b>EXENCIÓN DE CUOTAS:</b> 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.</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](http://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](http://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.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ATTORNEY FOR (name): Self-Represented

STATE: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

**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
<b>Child #1's Name</b>	<b>Date of Birth</b>	<b>M/F</b>
<b>Child #2's Name</b>	<b>Date of Birth</b>	<b>M/F</b>
<b>Child #2's Name</b>	<b>Date of Birth</b>	<b>M/F</b>

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 or children listed in item 2.

b.  Parentage has been previously determined by a court or administrative agency or paternity. (Attach a copy if available.)

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: <b>Your Name</b> RESPONDENT: <b>Other Parent's Name</b>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Leave Blank</b></div>
--	---

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 <input type="checkbox"/>	Respondent <input type="checkbox"/>	Joint <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>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</b>  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;">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; display: inline-block;">Leave blank</div> Minor	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Your Court Case #, if you have one</div>
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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.)

<b>SHORT TITLE:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Your last name v. Respondent's last name</div>	<b>CASE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">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
<b>If you think you should fill out this area, check with staff first.</b>		
<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.



<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> 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>  <b>SAMPLE ONLY</b>  <b>Do not write on this copy!</b>
PETITIONER: <input type="text" value="Your Name"/>	CASE NUMBER: <input type="text" value="Leave Blank"/>
RESPONDENT: <input type="text" value="Other Party's Name"/>	
<b>FAMILY LAW NOTICE</b> <b>Dissolution/Legal Separation/Nullity/Parentage</b>	

**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](http://www.courts.ca.gov/rules.htm) and the Local Family Law Rules and Local forms at [www.scscourt.org](http://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](http://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](http://www.sccbba.com)).
- You can also email, call or Live Chat the Court's Self Help Center by going to [www.scscourt.org](http://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: <b>Your Legal Name</b> FIRM NAME: STREET: <b>Your Address</b> CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Self-Represented</b>	STATE BAR NO.: <div style="border: 1px solid black; padding: 5px;"> <b>Note: You must write your name and the other parent's name the exact same way throughout your forms.</b> </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: <b>Your Legal Name</b> RESPONDENT: <b>Other Parent's Legal Name</b>		
<b>PROOF OF SERVICE OF SUMMONS</b>		CASE NO. <div style="border: 1px solid black; padding: 2px 10px;">Leave Blank</div>

**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 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](#)) (5)  Completed and blank *Financial Statement (Simplified)* (form [FL-155](#))
- (2)  Completed and blank *Declaration of Disclosure* (form [FL-140](#)) (6)  Completed and blank *Property Declaration* (form [FL-160](#))
- (3)  Completed and blank *Schedule of Assets and Debts* (form [FL-142](#)) (7)  *Request for Order* (form [FL-300](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320](#))
- (4)  Completed and blank *Income and Expense Declaration* (form [FL-150](#)) (8)  Other (specify):  
 ADR Options (Local Form FM-1021), Ex Parte Appl. (Local Form FM-1013), FL-305, Family Law Notice (Local Form FM-1050), Child Custody and 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: <span style="border: 1px solid black; padding: 2px 10px;">Your Legal Name</span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px 10px;">Leave Blank</span>
RESPONDENT: <span style="border: 1px solid black; padding: 2px 10px;">Other Parent's Legal Name</span>	

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 n 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)