

# SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

## PARENTAGE PACKET



### FORMS INCLUDED IN THIS PACKET

|   |                                      |
|---|--------------------------------------|
| Family Law Self-Help Information  | SDSC Form #D-280                     |
| Child Custody Information Sheet—Recommending Counseling                           | Judicial Council Form #FL-313-INFO   |
| Family Law Certificate of Assignment – Venue Declaration                          | SDSC Form #D-049                     |
| Petition to Establish Parental Relationship                                       | Judicial Council Form #FL-200        |
| Summons   | Judicial Council Form #FL-210        |
| Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) | Judicial Council Form #FL-105        |
| Declaration   | Judicial Council Form #MC-030/MC-031 |
| Notice and Acknowledgment of Receipt (Family Law)                                 | Judicial Council Form #FL-117        |
| Proof of Service of Summons   | Judicial Council Form #FL-115        |
| Notice of Change of Address   | Judicial Council Form #MC-040        |
| Response to Petition to Establish Parental Relationship                           | Judicial Council Form #FL-220        |
| Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) | Judicial Council Form #FL-105/GC-120 |
| Information Sheet for Proof of Personal Service                                   | Judicial Council Form #FL-330-INFO   |
| Proof of Personal Service   | Judicial Council Form #FL-330        |
| Information Sheet for Proof of Service by Mail                                    | Judicial Council Form #FL-335-INFO   |
| Proof of Service by Mail  | Judicial Council Form #FL-335        |



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

## FAMILY LAW SELF-HELP GENERAL INFORMATION

The information contained in this form is intended to provide self-help guidance on family law cases. San Diego City and County Public Libraries, as well as the San Diego Law Library, have computers with free Internet access available.

**STATE SELF-HELP RESOURCES.** The California Courts website, maintained by the Judicial Council of California, contains information about resources for self-help. Go to the California Courts Home page (<http://www.courts.ca.gov/home.htm>) and click on the category that best matches your needs from the "Self-Help" drop down menu. The primary categories for family law are: (1) Divorce or Separation (<http://www.courts.ca.gov/selfhelp-divorce.htm>); (2) Families & Children (<http://www.courts.ca.gov/selfhelp-family.htm>); and (3) Abuse & Harassment (<http://www.courts.ca.gov/selfhelp-abuse.htm>). Each category includes basic information with links to subcategories that include FAQs, step-by-step instructions for filing and serving the necessary documents, and links to the required forms with video instructions on how to complete each form. Click on the blue links of each category and subcategories that match your needs and follow the instructions. Parentage cases, also known as paternity cases, can be found as a subcategory under "Families & Children" (<http://www.courts.ca.gov/selfhelp-parentage.htm>).

**LOCAL SELF-HELP RESOURCES.** Visit the San Diego Superior Court's website at [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov). On the Home page, click on the "Family" category (drop down menu) for information about various case types and Self-Help Services within family law, including family law rules and forms.

**FAMILY LAW FACILITATORS (FLF).** Relying solely on information obtained from the Internet is not the only option. FLF provides hands-on help to any Self-Represented Litigant (SRL). FLF offices are located at every division of the court. They offer both one-on-one services and group workshops. The services are free but offered on a first-come, first-served basis. Click on the link to "Self-Help Services" in the "Family" drop down menu on the court's website for detailed information about FLF.

**REQUEST FOR ORDER (RFO).** An RFO is the process used to get most court orders both before and after a judgment has been entered in a case. The most common temporary orders requested are child custody and visitation, and child and spousal support. As in most family law matters, there are mandatory forms and procedures. Detailed information and instructions are on the California Courts website. Go to the Self-Help drop down menu and click on "Families & Children" (<http://www.courts.ca.gov/selfhelp-family.htm>). Follow the links to the subcategories that best match your needs.

**DOMESTIC VIOLENCE (DV).** Detailed information, forms, and step-by-step instructions can be found on the California Courts website. Click on the "Domestic Violence" subcategory under "Abuse & Harassment" (<http://www.courts.ca.gov/selfhelp-domesticviolence.htm>). Any person may also get free help at any Domestic Violence Restraining Order Clinic. Detailed information about the clinics can be found on the San Diego Superior Court's website at [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov) by clicking on "Domestic Violence" in the "Family" drop down menu.

### Domestic Violence Hotline (800) 799-SAFE (7233) / Domestic Violence Restraining Order Clinics listed below:

| Downtown San Diego   | Downtown San Diego  | East County  | North County   | South County  |
|--|---|--|--|---|
| Central Courthouse<br>1100 Union St.<br>San Diego, CA 92101  | Family Justice Center<br>1122 Broadway,<br>Suite 200<br>San Diego, CA 92101<br>(619) 533-6000 | El Cajon Courthouse<br>250 E. Main Street<br>El Cajon, CA 92020  | Vista Courthouse<br>325 S. Melrose Drive<br>Vista, CA 92081  | South Bay Courthouse<br>500 Third Avenue<br>Chula Vista, CA 91911                                 |
| Operated by San Diego<br>Volunteer Lawyer<br>Program (SDVLP)<br><a href="http://www.sdvlp.org">www.sdvlp.org</a> | <a href="http://www.sandiegofjc.org">www.sandiegofjc.org</a>                                  | Operated by San Diego<br>Volunteer Lawyer<br>Program (SDVLP)<br><a href="http://www.sdvlp.org">www.sdvlp.org</a> & Center<br>for Community Solutions<br><a href="http://www.ccssd.org">www.ccssd.org</a> | Operated by San Diego<br>Volunteer Lawyer<br>Program (SDVLP)<br><a href="http://www.sdvlp.org">www.sdvlp.org</a> | Operated by Legal Aid<br>Society of San Diego<br><a href="http://www.lassd.org">www.lassd.org</a> |

**ALTERNATIVE DISPUTE RESOLUTION (ADR).** Mediation, arbitration, collaborative family law, and the use of a privately compensated temporary judge are methods of ADR available to litigants in most family law cases. ADR is offered through private businesses at the parties' own cost. The court does not provide a list of these outside resources, nor does it endorse any private business.

**OTHER INFORMATIONAL FORMS.** The court's website has other local court forms which provide detailed information on topics not included in this form. Click on "Forms" in the "Family" drop down menu and find the forms listed in alphabetical order.

- Family Centered Case Resolution Process General Information (SDSC Form #D-080)
- Mandatory Settlement Conference General Information (SDSC Form #D-047)

**NOTE:** This form is intended to provide only general information. It is not legal advice, and should not be used as a substitute for legal advice from an attorney licensed by the State Bar of California. If you have any questions about your legal rights, you should talk to an attorney. Also, the San Diego Superior Court does not control or maintain the websites on this form and cannot be responsible for the accuracy of the information or content they contain. In addition, the content of a website may change, and the court would not necessarily be aware of the change. When you access one of these websites, you are subject to the terms of use and privacy policies of that website.

Parents who come to court about child custody and parenting time (visitation) face decisions about parenting plans for their children. This information sheet provides general information about child custody and parenting time matters, how to get help resolving a custody dispute or making a parenting plan, where to find an attorney, and where to find other resources.

### **What is a parenting plan?**

A parenting plan describes how the parents will divide their responsibilities for taking care of their child.

The plan may include a general or specific schedule of days, times, weekends, holidays, vacations, transportation, pick-up/drop-off, limits on travel, counseling, and treatment services, and other details.

### **What are legal and physical custody?**

A parenting plan usually includes:

- **Legal custody:** how parents make major decisions about the child's health, education, and welfare;
- **Physical custody:** where the child lives; and
- **Parenting time, time-share, or visitation:** when the child spends time with each parent.

*Legal custody* and *physical custody* may each be specified as *joint* (both parents have certain responsibilities) or *sole* (one parent has the responsibility alone).

### **Can we make our own parenting plan?**

Yes. You have a right to make a parenting plan agreement on your own. This agreement may be called a *stipulation*, *time-share plan*, or *parenting plan*.

If both parents can agree on a parenting plan, the judge will probably approve it. The agreement becomes a court order after it is signed by both parents and the judge, and filed with the court.

### **What if there is domestic violence or a protective order?**

If there is domestic violence or a protective order, talk with an attorney, counselor, or child custody recommending counselor before making a parenting plan.

For domestic violence help, call the National Domestic Violence Hotline at 1-800-799-7233 (TDD:1-800-787-3224) or call 211 if available in your area.

### **What if we don't have a parenting plan?**

If you can't reach an agreement, the court will refer you to family court services (FCS) for child custody mediation also called "child custody recommending counseling." At the appointment, you will meet with an FCS professional also called a "child custody recommending counselor." He or she will help you and the other parent reach an agreement about a parenting plan.

### **What is child custody recommending counseling with family court services?**

Family court services (FCS) provides child custody recommending counseling (sometimes referred to as child custody mediation) to help parents resolve disagreements about the care of their child. The child custody recommending counselor will meet with you and the other parent to try to help you both make a parenting plan. There may be an orientation provided that offers additional information about the process.

If you are unable to reach an agreement after meeting with family court services, the child custody recommending counselor will make a written recommendation to the court about a parenting plan. You and the other parent and the attorneys (if any) will get a copy of the recommendation before the court hearing.

If you are concerned about meeting with the other parent, or there is a domestic violence issue or a protective order involving the other parent, you may

ask to meet alone with the child custody recommending counselor without the other parent. You may also request to have a support person with you. The support person may not speak for you.

### **Do we have to agree to a parenting plan when we meet?**

No. You do not have to come to an agreement. When the parents can't agree, the judge will decide. For legal advice, contact an attorney. For other information, ask the self-help center or family court services about how the process works in your court.

### **Are there other ways to resolve our dispute?**

Yes. You may try other alternative dispute resolution (ADR) options, including:

- 1. Meet and Confer:** Parents and their attorneys (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parents, then the “meet and confer” can be through attorneys or a mediator in separate sessions.
- 2. Settlement Conference:** In some courts, parents may meet with a judge, neutral evaluators, or family law attorneys not involved in the case to discuss settlement. Check with the local court to find out if this is an option. If there is a protective order, the settlement discussion can be through attorneys or a mediator in separate sessions.
- 3. Private Mediation:** Parents may hire a private mediator to help them resolve their dispute.
- 4. Collaborative Law Process:** Each parent hires a lawyer and agrees to resolve the dispute without going to court. The parents may also hire other experts.

### **Court Hearing**

When the parents cannot agree to a parenting plan on their own, in child custody recommending

counseling, or in any other ADR process, the judge will decide.

If there is domestic violence or a protective order, a parent may be able to bring a support person with him or her to the court hearing, but the support person may not speak for that person.

### **Where can I get help?**

This information sheet gives only basic information on the child custody process and is not legal advice. If you want legal advice, ask an attorney for assistance. For other information, you may want to:

1. Contact family court services.
2. Contact the family law facilitator or self-help center for information, local rules and court forms, and referrals to local legal services providers.
3. Find an attorney through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
4. Hire a private mediator for help with your parenting agreement. A mediator may be an attorney or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.
5. Find information on the Online Self-Help Center website at [www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp).
6. For free and low-cost legal help (if you qualify), go to [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org).
7. Find information at your local law library or ask at your public library.
8. Ask for a court hearing and let the judge decide what is best for your child.



#### **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). (Civil Code, § 54.8.)

**“UPA  
PETITIONER”**



|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br><div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> EMAIL ADDRESS:<br>ATTORNEY FOR (Name):   | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| PETITIONER:<br>RESPONDENT:   |                           |
| <b>PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>   | CASE NUMBER:              |

1. The petitioner
  - a. ☐ gave birth to the children listed in item 2.
  - b. ☐ wants to be determined as a parent of the children in item 2 because *(specify)*:
  - c. ☐ wants to be determined as not a parent of the children listed in item 2 because *(specify)*:
  - d. ☐ is the child or the child's personal representative *(specify court and date of appointment)*:
  - e. ☐ Other *(specify)*:
  
2. The children are
 

|                        |                  |            |
|------------------------|------------------|------------|
| a. <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
|------------------------|------------------|------------|

  
  - b. ☐ a child who is not yet born.
  
3. The court has jurisdiction over the respondent because the respondent:
  - a. ☐ lives in this state.
  - b. ☐ had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
  - c. ☐ Other *(specify)*:
  
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 children listed in item 2 above.
  - b. ☐ parentage has been determined by a voluntary declaration of parentage or paternity. *(Attach a copy if available.)*
  - c. ☐ respondent is the children's parent and has failed to support the children.
  - d. ☐ *(name)*: \_\_\_\_\_ 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 <i>(specify)</i> : |
|--------|------------|------------------------|
  - e. ☐ public assistance is being provided to the children.
  - f. ☐ Other *(specify)*:
  
6. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#)) is attached.

|                            |              |
|----------------------------|--------------|
| PETITIONER:<br>RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

Petitioner asks the court to make the determinations indicated below.

**7. PARENT-CHILD RELATIONSHIP** (*check all 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.

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

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

|  | 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"/> |

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<br><input type="checkbox"/> | Respondent<br><input type="checkbox"/> | Joint<br><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**

☐ Children's names be changed, according to Family Code section 7638, as follows (*specify old 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:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(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.**



**SUMMONS**

(Parentage—Custody and Support)

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

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

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

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

Petitioner's name:

*El nombre del demandante:*

CASE NUMBER: (Número de caso)

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (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.

*Tiene 30 días de calendario 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.*

If you do not file your *Response* 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.

*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.*

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](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local bar association.

*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](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://www.lawhelpca.org)), o poniéndose en contacto con el colegio de abogados de su condado.*

**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.*

**AVISO:** *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 despidan 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.*

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

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

[SEAL]

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

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO**

- ☐ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101  
☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020  
☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081  
☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

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:)*

Date (Fecha): \_\_\_\_\_ Clerk, by (Secretario, por) \_\_\_\_\_, 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.

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>EMAIL ADDRESS: _____<br>ATTORNEY FOR (Name): _____  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| <i>(This section applies to cases other than probate guardianships.)</i><br>PETITIONER:<br>RESPONDENT:<br><br>OTHER PARTY:<br>CHILD'S NAME <i>(Juvenile cases only)</i> :  |                           |
| <i>(This section applies only to probate guardianship cases.)</i><br>GUARDIANSHIP OF <i>(name)</i> : _____   | CASE NUMBER: _____        |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY<br/>JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>   |                           |

1. I am *(check one)*: ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are *(specify number)*: \_\_\_\_\_ minor children who are subject to this proceeding, as follows *(list oldest child first)*:

| Full Name | Date of birth | Place of birth (city and state) |
|-----------|---------------|---------------------------------|
| a.        |               |                                 |
| b.        |               |                                 |
| c.        |               |                                 |
| d.        |               |                                 |

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

| Dates of residence<br>(Month/Year) |            | Residence<br>(City, State)                                     | Person child lived with and<br>complete current address        | Relationship |
|------------------------------------|------------|--|--|--------------|
| From:                              | To present | <input type="checkbox"/> Confidential <i>(list state only)</i> | <input type="checkbox"/> Confidential <i>(list state only)</i> |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children *have not* lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

|            |              |
|------------|--------------|
| CASE NAME: | CASE NUMBER: |
|------------|--------------|

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

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

| Proceeding                           | Case Number | Court (name, state or tribe, location) |
|--------------------------------------|-------------|--|
| d. <input type="checkbox"/> Juvenile |             |  |
| 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 or Tribe | Case Number (if known) | Orders expire (date) |
|--------------------------------------|--------|----------------|------------------------|----------------------|
| a. <input type="checkbox"/> Criminal |        |                |                        |                      |
| b. <input type="checkbox"/> Family   |        |                |                        |                      |
| c. <input type="checkbox"/> Juvenile |        |                |                        |                      |
| d. <input type="checkbox"/> Other    |        |                |                        |                      |

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

|   |   |   |
|---|---|---|
| <p>a. Name and address of person:</p> <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> </div> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <p>b. Name and address of person:</p> <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> </div> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <p>c. Name and address of person:</p> <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody<br/> <input type="checkbox"/> Claims custody rights<br/> <input type="checkbox"/> Claims visitation rights </div> </div> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> |
|---|---|---|

7. ☐ Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(NAME OF DECLARANT)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

**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.**

Date:

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant  
☐ Respondent ☐ Other (*Specify*):

|  |              |
|--|--------------|
| PLAINTIFF/PETITIONER:<br>DEFENDANT/RESPONDENT: | CASE NUMBER: |
|--|--------------|

**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

☐ Attorney for    ☐ Plaintiff    ☐ Petitioner    ☐ Defendant  
☐ Respondent    ☐ Other (*Specify*):

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:<br/>EMAIL ADDRESS:</div> <div>FAX NO. (Optional):</div> </div> ATTORNEY FOR (Name):  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| PETITIONER:<br>RESPONDENT:   |                           |
| <b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT</b>  | CASE NUMBER:              |

*(Sender completes items 1 through 4 and signs before mailing. Recipient completes items 5 and 6, signs, then returns)*

1. To (name of individual being served): \_\_\_\_\_

### NOTICE

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is **not** an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

2. Date of mailing (specify): \_\_\_\_\_

3. \_\_\_\_\_  
 (TYPE OR PRINT SENDER'S NAME)



\_\_\_\_\_  
 (SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 YEARS OR OLDER)

### ACKNOWLEDGMENT OF RECEIPT

4. I agree I received the following:

- |   |   |
|---|---|
| <p>a. <input type="checkbox"/> Family Law: <i>Petition—Marriage/Domestic Partnership</i> (form <a href="#">FL-100</a>), <i>Summons</i> (form <a href="#">FL-110</a>), and blank <i>Response—Marriage/Domestic Partnership</i> (form <a href="#">FL-120</a>)</p> <p>b. <input type="checkbox"/> Uniform Parentage: <i>Petition to Determine Parental Relationship</i> (form <a href="#">FL-200</a>), <i>Summons</i> (form <a href="#">FL-210</a>), and blank <i>Response to Petition to Determine Parental Relationship</i> (form <a href="#">FL-220</a>)</p> <p>c. <input type="checkbox"/> Custody and Support: <i>Petition for Custody and Support of Minor Children</i> (form <a href="#">FL-260</a>), <i>Summons</i> (form <a href="#">FL-210</a>), and blank <i>Response to Petition for Custody and Support of Minor Children</i> (form <a href="#">FL-270</a>)</p> <p>d. <input type="checkbox"/> (1) <input type="checkbox"/> Completed and blank <i>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)</i> (form <a href="#">FL-105</a>)</p> <p style="padding-left: 40px;">(2) <input type="checkbox"/> Completed and blank <i>Declaration of Disclosure</i> (form <a href="#">FL-140</a>)</p> <p style="padding-left: 40px;">(3) <input type="checkbox"/> Completed and blank <i>Schedule of Assets and Debts</i> (form <a href="#">FL-142</a>)</p> <p style="padding-left: 40px;">(4) <input type="checkbox"/> Completed and blank <i>Income and Expense Declaration</i> (form <a href="#">FL-150</a>)</p> | <p>(5) <input type="checkbox"/> Completed and blank <i>Financial Statement (Simplified)</i> (form <a href="#">FL-155</a>)</p> <p>(6) <input type="checkbox"/> Completed and blank <i>Property Declaration</i> (form <a href="#">FL-160</a>)</p> <p>(7) <input type="checkbox"/> <i>Request for Order</i> (form <a href="#">FL-300</a>), and blank <i>Responsive Declaration to Request for Order</i> (form <a href="#">FL-320</a>)</p> <p>(8) <input type="checkbox"/> Other (specify): _____</p> |
|---|---|

5. Recipient signed this acknowledgment on (specify date): \_\_\_\_\_

6. \_\_\_\_\_  
 (TYPE OR PRINT NAME OF PERSON ACKNOWLEDGING RECEIPT)



\_\_\_\_\_  
 (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>EMAIL ADDRESS: _____<br>ATTORNEY FOR (Name): _____  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| PETITIONER:<br><br>RESPONDENT:   |                           |
| <b>PROOF OF SERVICE OF SUMMONS</b>   | CASE NUMBER: _____        |

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
- a. ☐ Family Law: *Petition—Marriage/Domestic Partnership* (form [FL-100](#)), *Summons* (form [FL-110](#)), and blank *Response—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](#))
- and
- 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): \_\_\_\_\_

2. Address where respondent was served:

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): \_\_\_\_\_ at (time): \_\_\_\_\_

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:<br>RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

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:

Address:

Telephone number:

This person is

- a. ☐ exempt from registration 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:
- d. **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:

\_\_\_\_\_  
(NAME OF PERSON WHO SERVED PAPERS)



\_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED PAPERS)

|  |                                       |
|--|---------------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):<br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____<br>EMAIL ADDRESS: _____<br>ATTORNEY FOR ( <i>Name</i> ): _____   | FOR COURT USE ONLY                    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                                       |
| PLAINTIFF/PETITIONER:<br><br>DEFENDANT/RESPONDENT:   | CASE NUMBER:<br><br>JUDICIAL OFFICER: |
| <b>NOTICE OF CHANGE OF ADDRESS OR OTHER<br/>CONTACT INFORMATION</b>  | DEPT.:                                |

1. **Please take notice** that, as of (*date*):

- ☐ the following self-represented party or
- ☐ the attorney for:
- a. ☐ plaintiff (*name*):
  - b. ☐ defendant (*name*):
  - c. ☐ petitioner (*name*):
  - d. ☐ respondent (*name*):
  - e. ☐ other (*describe*):

has **changed his or her address** for service of notices and documents or other contact information in the above-captioned action.

☐ A list of additional parties represented is provided in Attachment 1.

2. The **new address** or other contact information for (*name*):

is as follows:

- a. Street:
- b. City:
- c. Mailing address (*if different from above*):
- d. State and zip code:
- e. Telephone number:
- f. Fax number (*if available*):
- g. E-mail address (*if available*):

3. **All notices and documents** regarding the action should be sent to the above address.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

|                       |              |
|-----------------------|--------------|
| PLAINTIFF/PETITIONER: | CASE NUMBER: |
| DEFENDANT/RESPONDENT: |              |

**PROOF OF SERVICE BY FIRST-CLASS MAIL  
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION**

**(NOTE: This page may be used for proof of service by first-class mail of the Notice of Change of Address or Other Contact Information. Please use a different proof of service, such as Proof of Service—Civil (form POS-040), if you serve this notice by a method other than first class-mail, such as by fax or electronic service. You cannot serve the Notice of Change of Address or Other Contact Information if you are a party in the action. The person who served the notice must complete this proof of service.)**

1. At the time of service, I was at least 18 years old and **not a party to this action**.
2. I am a resident of or employed in the county where the mailing took place. My residence or business address is *(specify)*:
3. I served a copy of the *Notice of Change of Address or Other Contact Information* by enclosing it in a sealed envelope addressed to the persons at the addresses listed in item 5 and *(check one)*:
  - a. ☐ deposited the sealed envelope with the United States Postal Service with postage fully prepaid.
  - b. ☐ placed the sealed envelope for collection and for mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The *Notice of Change of Address or Other Contact Information* was placed in the mail:
  - a. on *(date)*:
  - b. at *(city and state)*:
5. The envelope was addressed and mailed as follows:
 

|  |  |
|--|--|
| <ol style="list-style-type: none"> <li>a. Name of person served:</li> <br/> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol> | <ol style="list-style-type: none"> <li>c. Name of person served:</li> <br/> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol> |
| <ol style="list-style-type: none"> <li>b. Name of person served:</li> <br/> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol> | <ol style="list-style-type: none"> <li>d. Name of person served:</li> <br/> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol> |

☐ Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

|  |                                |
|--|--------------------------------|
| <br><hr/> (TYPE OR PRINT NAME OF DECLARANT) | <hr/> (SIGNATURE OF DECLARANT) |
|--|--------------------------------|

**“UPA  
RESPONDENT”**

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>EMAIL ADDRESS: _____<br>ATTORNEY FOR (Name): _____  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| PETITIONER:<br>RESPONDENT:   |                           |
| <b>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>   | CASE NUMBER:              |

1. The petitioner
  - a. ☐ is a parent of the children in item 2.
  - b. ☐ is not a parent of the children in item 2.
  - c. ☐ is the child or the child's personal representative (*specify court and date of appointment*):
  - d. ☐ Other (*specify*):
  
2. The children are
  - a. Child's name Birthdate Age
  
  
  
  - b. ☐ a child who is not yet born.
  
3. The respondent
  - a. ☐ lives in the state of California.
  - b. ☐ was in California when the children listed in item 2 were conceived.
  - c. ☐ does not live in the state of California.
  - d. ☐ was not in California when the children listed in item 2 were conceived.
  - e. ☐ Other (*specify*):
  
4. The children
  - a. ☐ live or are found in this county.
  - b. ☐ are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
  
5. The respondent is
  - a. ☐ the parent of the children listed in item 2 above.
  - b. ☐ not certain if the respondent is the parent of the children listed in item 2 above.
  - c. ☐ not the parent of the children listed in item 2 above.
  - d. ☐ Other (*specify*):
  
6. Additional statements
  - a. ☐ Parentage has been determined by a voluntary declaration of parentage or paternity. (*Attach a copy if available.*)
  - b. ☐ Parentage has been established in another case ☐ governmental child support ☐ Other (*specify*):
  
  - c. ☐ Public assistance is being provided to the children.
  
7. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#)) is attached.

|                            |              |
|----------------------------|--------------|
| PETITIONER:<br>RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

The respondent asks that the court make the determinations listed below.

**8. PARENT-CHILD RELATIONSHIP** (*check all that apply*):

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

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

- |  | Petitioner               | Respondent               | Joint                    | Other                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to .....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in ☐ form [FL-311](#) ☐ form [FL-312](#) ☐ form [FL-341\(C\)](#)  
☐ form [FL-341\(D\)](#) ☐ form [FL-341\(E\)](#) ☐ [Attachment 9c](#)
- d. The facts in support of the requested custody and visitation (parenting time) orders are (*specify*):  
☐ Contained in the attached [declaration](#).

**10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:**

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Reasonable expenses of pregnancy and birth to be paid by as follows: | Petitioner<br><input type="checkbox"/> | Respondent<br><input type="checkbox"/> | Joint<br><input type="checkbox"/> |
|--|--|--|-----------------------------------|

**11. 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"/> |

**12. NAME CHANGE**

☐ Children's names be changed, according to Family Code section 7638, as follows (*specify old and new names*):

**13. OTHER ORDERS REQUESTED** (*specify*):

**14. CHILD SUPPORT**

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

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

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)



\_\_\_\_\_  
 (SIGNATURE OF RESPONDENT)

**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):<br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>EMAIL ADDRESS: _____<br>ATTORNEY FOR (Name): _____  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| <i>(This section applies to cases other than probate guardianships.)</i><br>PETITIONER:<br>RESPONDENT:<br><br>OTHER PARTY:<br>CHILD'S NAME <i>(Juvenile cases only)</i> :  |                           |
| <i>(This section applies only to probate guardianship cases.)</i><br>GUARDIANSHIP OF <i>(name)</i> : _____   | CASE NUMBER: _____        |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY<br/>JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>   |                           |

1. I am *(check one)*: ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are *(specify number)*: \_\_\_\_\_ minor children who are subject to this proceeding, as follows *(list oldest child first)*:

| Full Name | Date of birth | Place of birth (city and state) |
|-----------|---------------|---------------------------------|
| a.        |               |                                 |
| b.        |               |                                 |
| c.        |               |                                 |
| d.        |               |                                 |

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. *(Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

| Dates of residence<br>(Month/Year) |            | Residence<br>(City, State)                                     | Person child lived with and<br>complete current address        | Relationship |
|------------------------------------|------------|--|--|--------------|
| From:                              | To present |  |  |              |
|                                    |            | <input type="checkbox"/> Confidential <i>(list state only)</i> | <input type="checkbox"/> Confidential <i>(list state only)</i> |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children *have not* lived together for the past five years. *(Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)*

|            |              |
|------------|--------------|
| CASE NAME: | CASE NUMBER: |
|------------|--------------|

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

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

| Proceeding                           | Case Number | Court (name, state or tribe, location) |
|--------------------------------------|-------------|--|
| d. <input type="checkbox"/> Juvenile |             |  |
| 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 or Tribe | Case Number (if known) | Orders expire (date) |
|--------------------------------------|--------|----------------|------------------------|----------------------|
| a. <input type="checkbox"/> Criminal |        |                |                        |                      |
| b. <input type="checkbox"/> Family   |        |                |                        |                      |
| c. <input type="checkbox"/> Juvenile |        |                |                        |                      |
| d. <input type="checkbox"/> Other    |        |                |                        |                      |

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
 (NAME OF DECLARANT)



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

**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.**



## INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
  - a. Write in the date that you delivered the documents to the party.
  - b. Write in the time of day that you delivered the documents to the party.
  - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

Code of Civil Procedure, § 1011  
www.courts.ca.gov

## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

|  |   |
|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>EMAIL ADDRESS: _____<br>ATTORNEY FOR (Name): _____  | <b>FOR COURT USE ONLY</b>   |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |   |
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT/PARTY:  | CASE NUMBER:<br><br><div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE:<br><br>HEARING TIME:<br><br>DEPT.: |
| <b>PROOF OF SERVICE BY MAIL</b>  |   |

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

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

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (city and state):

5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)