

# SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

## JOINDER PACKET- FAMILY LAW



### FORMS INCLUDED IN THIS PACKET

|  |                                      |
|--|--------------------------------------|
| Notice of Motion and Declaration for Joinder   | Judicial Council Form #FL-371        |
| Summons (Joinder)  | Judicial Council Form #FL-375        |
| Responsive Declaration to Motion for Joinder - Consent Order of Joinder                                      | Judicial Council Form #FL-373        |
| 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        |
| <b>Additional forms when requesting custody of a minor child to a non-parent</b>                             |                                      |
| Pleading on Joinder - Request for Award of Custody to Claimant(s)  | SDSC Form #D-236                     |
| Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)                            | Judicial Council Form #FL-105/GC120  |
| Information Sheet on Indian Child Inquiry Attachment and Notice of Child Custody Proceeding for Indian Child | Judicial Council Form #ICWA-005-INFO |
| Indian Child Inquiry Attachment  | Judicial Council Form #ICWA-010(A)   |
| Parental Notification of Indian Status   | Judicial Council Form #ICWA-020      |

1. TO ☐ Petitioner ☐ Respondent

|          |       |        |      |
|----------|-------|--------|------|
| a. Date: | Time: | Dept.: | Rm.: |
|----------|-------|--------|------|

c. ☐ Petitioner    ☐ Respondent    ☐ Claimant    will apply to this court for an order joining claimant as a party to this proceeding on the grounds set forth in the Declaration below.

Dated:

(SIGNATURE)

4. The name of the person to be joined is:

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-371 [Rev. January 1, 2003]


|             |              |
|-------------|--------------|
| PETITIONER: | CASE NUMBER: |
| RESPONDENT: |              |

6. Facts showing that it would be appropriate for this court to determine the particular issue in the proceedings are:

7. Facts showing that each person sought or seeking to be joined is either indispensable to a determination of the particular issue or necessary to the enforcement of any judgment rendered on the issue are:

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 OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):<br><br><br><br><br><br>TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<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 |                           |
| MARRIAGE OF<br>PETITIONER:<br>RESPONDENT:  |                           |
| CLAIMANT:  |                           |
| <b>SUMMONS (JOINDER)</b>   | CASE NUMBER:              |

**NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.**

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your response or pleading, if any, may be filed on time.

**¡AVISO! Usted ha sido demandado. El tribunal puede decidir contra Ud. sin audiencia a menos que Ud. responda dentro de 30 días. Lea la información que sigue.**

Si Usted desea solicitar el consejo de un abogado en este asunto, debería hacerlo inmediatamente, de esta manera, su respuesta o alegación, si hay alguna, puede ser registrada a tiempo.

1. ☐ TO THE ☐ PETITIONER ☐ RESPONDENT ☐ CLAIMANT  
 A pleading has been filed under an order joining (name of claimant):

as a party in this proceeding. If you fail to file an appropriate pleading within **30** days of the date this summons is served on you, your default may be entered and the court may enter a judgment containing the relief requested in the pleading, court costs, and such other relief as may be granted by the court, which could result in the garnishment of wages, taking of money or property, or other relief.

2. ☐ TO THE CLAIMANT EMPLOYEE BENEFIT PLAN  
 A pleading on joinder has been filed under the clerk's order joining (name of employee benefit plan):

as a party claimant in this proceeding. If the employee benefit plan fails to file an appropriate pleading within **30** days of the date this summons is served on it, a default may be entered and the court may enter a judgment containing the relief requested.

Dated: \_\_\_\_\_

Clerk, By \_\_\_\_\_, Deputy

**3. NOTICE TO THE PERSON SERVED: You are served**

- a. ☐ As an individual.  
 b. ☐ As (or on behalf of) the person sued under the fictitious name of:  
 c. ☐ On behalf of:

Under: ☐ CCP 416.10 (Corporation)  
☐ CCP 416.20 (Defunct Corporation)  
☐ CCP 416.40 (Association or Partnership)  
☐ Other:

☐ CCP 416.60 (Minor)  
☐ CCP 416.70 (Incompetent)  
☐ CCP 416.90 (Individual)  
☐ FC 2062 (Employee Benefit Plan)

- d. ☐ By personal delivery on (date): \_\_\_\_\_

(SEAL)

**PROOF OF SERVICE—SUMMONS (JOINDER)**

(Use separate proof of service for each person served)

1. I served the

a. *Summons and* (1) ☐ *Request for Joinder of Employee Benefit Plan and Order, Pleading on Joinder-Employee Benefit Plan, blank Notice of Appearance and Response of Employee Benefit Plan*

(2) ☐ *Notice of Motion and Declaration for Joinder* (3) ☐ *Order re Joinder*

(4) ☐ *Pleading on Joinder (specify title):*

(5) ☐ *Other:*

b. On *(name of party or claimant):*

c. By serving (1) ☐ Party or claimant. (2) ☐ Other *(name and title or relationship to person served):*

d. ☐ By delivery at ☐ home ☐ business (1) Date of:  
(2) Time of: (3) Address:

e. ☐ By mailing (1) Date of: (2) Place of:

2. Manner of service: *(check proper box)*

a. ☐ **Personal service.** By personally delivering copies. (CCP 415.10)

b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 41 5.20(a))

c. ☐ **Substituted service on natural person, minor, incompetent, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**

d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) **(Attach completed acknowledgment of receipt.)**

e. ☐ **Certified or registered mail service.** By mailing to address outside California (by registered or certified airmail with return receipt requested) copies to the person served. (CCP 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**

f. ☐ *Other (specify code section):*  
☐ Additional page is attached.

3. The notice to the person served (item 3 on the copy of the summons served) was completed as follows (CCP 412.30, 415.10, and 474):

a. ☐ As an individual.

b. ☐ As the person sued under the fictitious name of:

c. ☐ On behalf of:

Under: ☐ CCP 416.10 (Corporation)  
☐ CCP 416.20 (Defunct Corporation)  
☐ CCP 416.40 (Association or partnership)

☐ CCP 416.60 (Minor)  
☐ CCP 416.70 (Incompetent)  
☐ CCP 416.90 (Individual)  
☐ FC 2062 (Employee Benefit Plan)

d. By personal delivery on *(date):*

4. At the time of service I was at least 18 years of age and not a party to this action.

5. Fee for service: \$ . . . . .

6. Person serving

a. ☐ Not a registered California process server.  
b. ☐ Registered California process server.  
c. ☐ Exempt from registration under Bus. & Prof. Code 22350(b).  
d. ☐ California sheriff, marshal, or constable.

e. Name, address, telephone number, and, if applicable, county of registration and number:

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on *(date):* at *(place):*, California.

(For California sheriff, marshal, or constable use only)  
I certify that the foregoing is true and correct and that this certificate is executed on *(date):* at *(place):*, California.

(Signature)

(Signature)

|  |                    |
|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):<br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____  | 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 |                    |
| <b>MARRIAGE OF</b><br>PETITIONER:<br><br>RESPONDENT:<br><br>CLAIMANT:  |                    |
| <b>RESPONSIVE DECLARATION TO MOTION FOR JOINDER</b><br><input type="checkbox"/> <b>CONSENT ORDER OF JOINDER</b>  | CASE NUMBER:       |

1. ☐ Petitioner ☐ Respondent

- a. ☐ Consents to the requested joinder and stipulates to an order joining claimant as a party to this proceeding.  
 b. ☐ Does not consent to the requested joinder of claimant as a party to this proceeding.

2. ☐ The statements contained in the declaration for joinder are incorrect or insufficient as follows (*specify*):

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

dated:

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

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

## CONSENT ORDER

3. ☐ Petitioner ☐ Respondent having consented and good cause appearing,

IT IS ORDERED that

- a. The claimant is joined as a party to this proceeding.
- b. The clerk file the original of the submitted pleadings.
- c. ☐ *Summons (Joinder)* be issued and claimant be served with a copy of the motion for joinder with pleading attached and a copy of the *Summons (Joinder)*.
- d. ☐ The hearing on the motion for joinder is taken off calendar for *(date)*:

Dated:

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JUDICIAL OFFICER

## 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.*



TELEPHONE NO.:

FAX NO.:

EMAIL ADDRESS (Optional)

ATTORNEY FOR (Name):

☐ 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

PETITIONER/PLAINTIFF:

CASE NUMBER:

RESPONDENT/DEFENDANT:

(If applicable, provide):

HEARING DATE:

HEARING TIME:

OTHER PARENT/PARTY:

DEPT.:

### PROOF OF PERSONAL SERVICE

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (*name*):
3. I served copies of the following documents (*specify*):

4. By personally delivering copies to the person served, as follows:

- a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_  
c. Address: \_\_\_\_\_

5. I am

- a. ☐ not a registered California process server.
- b. ☐ a registered California process server.
- c. ☐ an employee or independent contractor of a registered California process server.
- d. ☐ exempt from registration under Business & Profession Code section 22350(b).
- e. ☐ a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number (*specify*):

7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

## 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><hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           TELEPHONE NO.:<br/>           EMAIL ADDRESS (Optional):<br/>           ATTORNEY FOR (Name):         </div> <div>           FAX NO. (Optional):         </div> </div>         | <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)

**ADDITIONAL FORMS WHEN REQUESTING  
CUSTODY OF A MINOR CHILD  
TO A NON-PARENT**

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional):<br><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., SUITE 1100, VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| PETITIONER(S)  |                           |
| RESPONDENT(S)  |                           |
| <b>PLEADING ON JOINDER – REQUEST FOR AWARD OF CUSTODY TO CLAIMANT(S)</b>   | CASE NUMBER               |

Claimant(s) allege(s) the following to be true:

1. This action concerns the custody of the minor(s) whose name(s) and date(s) of birth are: \_\_\_\_\_
2. The name(s) of the claimant(s) in this action are: \_\_\_\_\_
3. The relationship of claimant(s) to the minor(s) is/are: \_\_\_\_\_
4. The petitioner is the ☐ mother ☐ father of the minor(s).
5. The respondent is the ☐ mother ☐ father of the minor(s).
6. The person(s) with whom the minor(s) is/are living on the date of this petition is/are: \_\_\_\_\_
7. A Declaration under the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) is attached.
8. ☐ A petition has previously been filed in the San Diego County Superior Court, Probate Division, Case Number \_\_\_\_\_, requesting that claimant(s) be appointed as guardian(s) of the person of the minor(s). Said petition has been taken off calendar in order for claimant(s) to seek joinder, and an award of custody in this proceeding, in accordance with the San Diego Protocol for Guardianships in the Juvenile, Family, and Probate Courts.
9. ☐ The following persons have given written consent to the appointment of claimant(s) as guardian(s) of the minor(s), and/or have waived notice in the guardianship proceeding: \_\_\_\_\_
10. ☐ It would be detrimental, as defined in Fam. Code § 3041(c), to the minor(s) to be placed with, or to remain in the custody of, either parent(s) who has not consented.
11. It is necessary or convenient, and in the best interests of the minor(s) that claimant(s) be awarded custody in this proceeding.
12. ☐ An Indian Child Inquiry Attachment (JC Form #ICWA-010(A)) is attached for each child named in paragraph one.

|              |             |
|--------------|-------------|
| SHORT TITLE: | CASE NUMBER |
|--------------|-------------|

Claimant(s) request the following:

1. ☐ The court take judicial notice of the Petition for Appointment of Guardian of Minor, filed in Case Number \_\_\_\_\_, and all consents, waivers, notices, declarations, and other pleadings filed therein.
2. ☐ The court deem the Petition for Appointment of Guardian of Minor the first paper filed in this case on behalf of claimant(s) and waive the first appearance fee on the joinder of claimant(s).
3. ☐ The court waive any further investigation fees on the part of claimant(s), who have already paid an investigation fee to: ☐ Family Court Services ☐ Health and Human Services Agency in connection with the Petition for Appointment of Guardian of Minor.
4. The court grant custody of the minor(s) to claimant(s).
5. The court grant such other and further relief as may appear proper at the time of the hearing.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

|  |                           |
|--|---------------------------|
| 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 ON INDIAN CHILD INQUIRY ATTACHMENT AND NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD

This is an information sheet to help you fill out form ICWA-010(A), *Indian Child Inquiry Attachment*, and form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

### Form ICWA-010(A), *Indian Child Inquiry Attachment*

You are responsible for helping to find out whether the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment*. This is important because if the child is an Indian child, specific steps must be taken to prevent the breakup of the child's Indian family and to obtain for the child resources and services that are culturally specific to the child's family. The court will check to make sure that the child receives these resources and services.

#### *Tips on how to fill out form ICWA-010(A), Indian Child Inquiry Attachment*

1. Try to find contact information for the child's parents, the child's Indian custodian (if the child is living with an Indian person other than a parent) or other legal guardian, the child's grandparents and great-grandparents, and other available family members.
2. Contact the child's parents, the child's Indian custodian or any other legal guardians, available extended family members, and any other persons known to have an interest in the child and ask them (and the child, if old enough) these questions:
  - a. Is the child a member of a tribe or eligible for tribal membership, and if they think the child might be, then which tribe or tribes?
  - b. Are the parents or other members of the extended family members of a tribe, and if they think they might be, which tribe or tribes?
  - c. Does the child, or do the child's parents or Indian custodian, if any, live in Indian country, including a reservation, rancheria, Alaska Native village, or other tribal trust land?
  - d. Does the child or any of the child's relatives receive services or benefits from a tribe, and if yes, which tribe?
  - e. Does the child or any of the child's relatives receive services or benefits available to Indians from the federal government?
  - f. Do they have any other information indicating the child is an Indian child?
3. If you are in touch with any of the child's relatives, ask them the same questions.

The court clerk's office cannot file your petition unless you have filled out form ICWA-010(A), *Indian Child Inquiry Attachment*, and attached it to the petition. This requirement does not apply to a petition for appointment of a guardian of the estate only.

After you take the steps described above, if you have reason to believe that the child is an Indian child, you must contact the tribe or tribes that may have a connection with the child about your court case.

You have reason to believe the child is an Indian child if any of the people you talk to answers "Yes" to any of your questions. Tribes that learn about the case can investigate and advise you and the court whether the child is a tribal member or eligible to become a tribal member, and can then decide whether to get involved in the case or assume tribal jurisdiction.

Your contacts with the tribe or tribes should include:

- (1) Contacting the tribe's designated agent for service of notice under the Indian Child Welfare Act, which is published in the Federal Register, by telephone, facsimile, or email; and
- (2) Sharing with the tribe or tribes any information identified by the tribe as necessary for the tribe to make a determination about the child's tribal membership or eligibility for membership, as well as information on the current status of the child and the case.

### Form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*

Following your inquiry about the child's Indian status and contacts with the child's tribe or tribes, if you know or have reason to know the child is an Indian child, you must provide formal notice on form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

#### *Some tips to help you figure out if you have a reason to know the child is an Indian child*

You have reason to know:

1. If the child, an Indian tribe, an Indian organization, an attorney, a public or private agency, a member of the child's extended family or any other person having an interest in the child says the child is an Indian child or provides information to anyone involved in the case suggesting that the child is an Indian child;
2. If the child, the child's parents, or an Indian custodian live on a reservation or rancheria or in an Alaskan Native village;

*(continued on next page)*

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You have reason to know (*continued*):

3. If the child is or has been a ward of the tribal court; or
4. If the child's parent(s) have an identification card indicating membership or citizenship in an Indian tribe.

These are just a few of the facts that would give you reason to know that a child is an Indian child. There may also be other information that would give you reason to know that the child is an Indian child.

### Who do you need to notify?

If you know or have reason to know that the child is an Indian child, you must send the *Notice* to the following:

1. Child's parents or other legal guardian, including adoptive parents;
2. Child's Indian custodian (if the child is living with an Indian person who has legal custody of the child under tribal law or custom, under state law, or if the parent asked that person to take care of the child);
3. Child's tribe or tribes; and
4. Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, California 95825 (if the parents, Indian custodian, or tribe cannot be determined or located).

#### *Tips on how to find the address for the child's tribe or tribes*

The Secretary of the Interior periodically updates and publishes in the Federal Register (see 25 C.F.R. § 23.12) a list of tribe names and addresses. The Bureau of Indian Affairs also keeps a list. You can access the Federal Register list and other resources related to ICWA on the Bureau of Indian Affairs website at [www.bia.gov/bia/ois/dhs/](http://www.bia.gov/bia/ois/dhs/).

### Copy to the Secretary of the Interior and the Area Director of the Bureau of Indian Affairs

If you know the identity and location of the parent, Indian custodian, and the tribe or tribes, when you send the *Notice* to the parent, Indian custodian, and the tribe or tribes, you must also send a copy to the Secretary of the Interior, at 1849 C Street, NW, Washington, DC 20240, and a copy to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825.

### Copy to the Area Director of the Bureau of Indian Affairs

If you do **not** know the identity and location of the child's parents, Indian custodian, and tribe or tribes, you must send copies of the *Notice* and the other documents to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825. To help establish the child's tribal identity, provide as much information as possible, including the child's name, birthdate, and birthplace; the name of the tribe or tribes; the names of all of the child's known relatives with addresses and other identifying information; and a copy of the petition in the case.

### How do you send the *Notice* and prove to the court that you have done so?

If you have an attorney, the attorney will complete the steps described below. If you are representing yourself without an attorney in a probate guardianship case, the court clerk will help you with steps 1 and 2 below, including doing the mailing and signing the certificate of mailing on page 9 of the *Notice*, but you must deliver copies of the *Notice* and other documents listed in step 1 below to the court in addressed envelopes ready for mailing and then complete step 3.

1. Mail to the persons and organizations listed at the top of this page, by registered or certified mail, with return receipt requested, completed and signed copies of the following forms:
  - a. Your petition;
  - b. Form ICWA-010(A), *Indian Child Inquiry Attachment*; and
  - c. Form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
2. The person who does the mailing must fill out the information requested on page 10 of form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, and then date and sign the original form on page 9.
3. Go to the court and file with the clerk of the court proof that you have given notice to everyone listed above and on page 10 of form ICWA-030, *Notice of Child Custody Proceeding for Indian Child*. Your proof must consist of the following:
  - a. The original signed *Notice* (form ICWA-030) and copies of the documents you sent with it (the petition and form ICWA-010(A);
  - b. All return receipts given to you by the post office and returned from the mailing; and
  - c. All responses you receive from the child's parents, the child's Indian custodian, the child's tribe or tribes, and the Bureau of Indian Affairs.

**Please note that you are subject to court sanctions if you knowingly and willfully falsify or conceal a material fact concerning whether the child is an Indian child or if you counsel a party to do so. (Welf. & Inst. Code, § 224.3(e).)**

|               |              |
|---------------|--------------|
| CHILD'S NAME: | CASE NUMBER: |
|---------------|--------------|

1. Name of child:

2. (Check one)

☐ I have not yet been able to complete the inquiry about the child's Indian status because:

I understand that I have an affirmative and continuing duty to complete this inquiry. I will do it as soon as possible and advise the court of my efforts.

☐ I have asked or ☐ I am advised by \_\_\_\_\_ and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. The person(s) questioned are:

Name:

Name:

Address:

Address:

City, state, zip:

City, state, zip:

Telephone:

Telephone:

Date questioned:

Date questioned:

Relationship to child:

Relationship to child:

☐ Additional persons questioned and their information is attached.

3. This inquiry (*check one*):

☐ gave me reason to believe the child is or may be an Indian child. (*If yes, continue to 4.*)

☐ gave me no reason to believe the child is or may be an Indian child.

4. ☐ I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or eligible for membership in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.

5. Based on inquiry and tribal contacts (*check all that apply*):

a. ☐ The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s):

Location of tribe(s):

b. ☐ The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s):

Location of tribe(s):

c. ☐ The residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village or other tribal trust land.

d. ☐ The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

e. ☐ The child is or has been a ward of a tribal court.

Name of tribe(s):

Location of tribe(s):

f. ☐ Either parent or the child possesses an Indian Identification card indicating membership or citizenship in an Indian tribe.

Name of tribe(s):

Location of tribe(s):

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602:

☐ The child is in foster care.

☐ It is probable the child will be entering foster care.

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)

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br><br>EMAIL ADDRESS (Optional): _____<br><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 |                           |
| CHILD'S NAME: _____  |                           |
| <b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>  | CASE NUMBER: _____        |

**To the parent, Indian custodian, or guardian of the above named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.**

1. Name: \_\_\_\_\_
2. Relationship to child: ☐ Parent ☐ Indian custodian ☐ Guardian ☐ Other: \_\_\_\_\_

**Indian Status**

3. a. ☐ I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
     Name of tribe(s) (*name each*): \_\_\_\_\_  
     Location of tribe(s): \_\_\_\_\_
- b. ☐ The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.  
     Name of tribe(s) (*name each*): \_\_\_\_\_  
     Location of tribe(s): \_\_\_\_\_
- c. ☐ One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.  
     Name of tribe(s) (*name each*): \_\_\_\_\_  
     Location of tribe(s): \_\_\_\_\_  
     Name and relationship of ancestor(s): \_\_\_\_\_
- d. ☐ I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- e. ☐ The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.
- f. ☐ The child is or has been a ward of a tribal court.
- g. ☐ Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.  
     Name of tribe(s) (*name each*): \_\_\_\_\_  
     Membership or citizenship number (*if any*): \_\_\_\_\_
- h. ☐ None of the above apply.
4. A previous form ICWA-020 ☐ has ☐ has not been filed with the 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)

**Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.**