DISSOLUTION OF MARRIAGE

THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT

Attached are the forms usually necessary to commence an action for (1) Dissolution of Marriage, (2) Legal Separation, or (3) Nullity of Marriage.

Form #	**Title**	**Number of Copies**
FL-100	Petition	1
FL-110	Summons	1
FL-105	Declaration Under Uniform Child Custody Jurisdiction Act	1
FL-115	Proof of Service of Summons	1
FL-120	Response	1
FL-140	Declaration of Disclosure	1
FL-141	Declaration Regarding Service of Declaration of Disclosure	1
FL-150	Income and Expense Declaration	1
FL-142	Schedule of Assets and Debts	1
FL-165	Request to Enter Default (*Family Code section 2335.5 requires that the petitioner shall provide the Court Clerk with a stamped envelope addressed to the spouse who has defaulted, with the address of the Court Clerk as the return address.*)	1
FL-170	Declaration for Default or Uncontested Dissolution or Legal Separation	1
Clerk-36	Request for Hearing	1
FL-160	Property Declaration	1
FL-161	Continuation of Property Declaration	1
FL-180	Judgment	1
FL-341	Child Custody and Visitation Order Attachment	1
FL-341(A)	Supervised Visitation Order	1
FL-342	Child Support Information and Order Attachment	1
FL-342(A)	Non-Guideline Child Support Findings Attachment	1
FL-343	Spousal or Family Support Order Attachment	1
FL-350	Stipulation to Establish or Modify Child Support and Order	1
FL-190	Notice of Entry of Judgment (*When you submit your Notice of Entry of Judgment, please provided the clerk with two stamped envelopes. One envelope addressed to the petitioner and one envelope addressed to the respondent.*)	1
FL-191	Child Support Case Registry Form	1
FL-192	Notice of Rights and Responsibilities – Health Care Costs and Reimbursement Procedures	1

ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED. Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.

This Page Intentionally Left Blank for 2-Sided Printing

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

MARRIAGE OF

PETITIONER:

RESPONDENT:

PETITION FOR

☐ **Dissolution of Marriage**
☐ **Legal Separation**
☐ **Nullity of Marriage**

☐ **AMENDED**

CASE NUMBER:

1. RESIDENCE (Dissolution only) ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition for Dissolution of Marriage.*

2. STATISTICAL FACTS
   a. Date of marriage:
   b. Date of separation:
   c. Time from date of marriage to date of separation *(specify):*
      Years: Months:

3. DECLARATION REGARDING MINOR CHILDREN *(include children of this relationship born prior to or during the marriage or adopted during the marriage):*
   a. ☐ There are no minor children.
   b. ☐ The minor children are:

Child's name	Birthdate	Age	Sex

   ☐ Continued on Attachment 3b.
   c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
   d. ☐ A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY
   Petitioner requests that the assets and debts listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 4 ☐ below be confirmed as separate property.

Item	Confirm to

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

Form Adopted for Mandatory Use
Judicial Council of California
FL-100 [Rev. January 1, 2005]

PETITION—MARRIAGE
(Family Law)

Family Code, §§ 2330, 3409;
www.courtinfo.ca.gov

MARRIAGE OF *(last name, first name of parties):*	CASE NUMBER:

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN
   a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
   b. ☐ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.
   ☐ below *(specify):*

6. **Petitioner requests**
   a. ☐ dissolution of the marriage based on
      (1) ☐ irreconcilable differences. (Fam. Code, § 2310(a).)
      (2) ☐ incurable insanity. (Fam. Code, § 2310(b).)
   b. ☐ legal separation of the parties based on
      (1) ☐ irreconcilable differences. (Fam. Code, § 2310(a).)
      (2) ☐ incurable insanity. (Fam. Code, § 2310(b).)
   c. ☐ nullity of void marriage based on
      (1) ☐ incestuous marriage. (Fam. Code, § 2200.)
      (2) ☐ bigamous marriage. (Fam. Code, § 2201.)
   d. ☐ nullity of voidable marriage based on
      (1) ☐ petitioner's age at time of marriage. (Fam. Code, § 2210(a).)
      (2) ☐ prior existing marriage. (Fam. Code, § 2210(b).)
      (3) ☐ unsound mind. (Fam. Code, § 2210(c).)
      (4) ☐ fraud. (Fam. Code, § 2210(d).)
      (5) ☐ force. (Fam. Code, § 2210(e).)
      (6) ☐ physical incapacity. (Fam. Code, § 2210(f).)

7. **Petitioner requests** that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	☐	☐	☐	☐
b. Physical custody of children to	☐	☐	☐	☐
c. Child visitation be granted to	☐	☐		☐

   As requested in form: ☐ FL-311 ☐ FL-312 ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E) ☐ Attachment 7c.

d. ☐ Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.		
e. Attorney fees and costs payable by	☐	☐
f. Spousal support payable to (earnings assignment will be issued)	☐	☐

   g. ☐ Terminate the court's jurisdiction (ability) to award spousal support to Respondent.
   h. ☐ Property rights be determined.
   i. ☐ Petitioner's former name be restored to *(specify):*
   j. ☐ Other *(specify):*

   ☐ Continued on Attachment 7j.

8. **Child support**–If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

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

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

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY FOR PETITIONER)

NOTICE: Dissolution or legal separation may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay on death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance polices, retirement plans, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order (see Family Code sections 231–235).

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SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

NOTICE TO RESPONDENT *(Name):*

AVISO AL DEMANDADO (Nombre):

You are being sued. *Lo están demandando.*

Petitioner's name is:

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-120 or FL-123) at the court and have a copy served on the petitioner. A letter or phone call will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form.

If you want legal advice, contact a lawyer immediately. You can get information about finding lawyers at the California Courts Online Self-Help Center *(www.courtinfo.ca.gov/selfhelp)*, at the California Legal Services Web site *(www.lawhelpcalifornia.org)*, or by contacting your local county bar association.

*Tiene **30 días corridos** después de haber recibido la entrega legal de esta* Citación *y* Petición *para presentar una* Respuesta *(formulario FL-120 ó FL-123) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica no basta para protegerlo.*

Si no presenta su Respuesta *a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales. Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas.*

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

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

AVISO: *Las órdenes de restricción que figuran en la página 2 valen para ambos cónyuges o pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier autoridad de la ley que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.*

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

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

Date *(Fecha):* Clerk, by *(Secretario, por)*_____, Deputy *(Asistente)*

[SEAL]

NOTICE TO THE PERSON SERVED: You are served
AVISO A LA PERSONA QUE RECIBIÓ LA ENTREGA: *Esta entrega se realiza*

a. ☐ as an individual. *(a usted como individuo.)*
b. ☐ on behalf of respondent who is a *(en nombre de un demandado que es):*
   (1) ☐ minor *(menor de edad)*
   (2) ☐ ward or conservatee *(dependiente de la corte o pupilo)*
   (3) ☐ other *(specify) (otro – especifique):*

(Read the reverse for important information.)
(Lea importante información al dorso.)

Form Adopted for Mandatory Use
Judicial Council of California
FL-110 [Rev. January 1, 2006]

Family Code §§ 232, 233, 2040,7700;
Code of Civil Procedure, §§ 412.20, 416.60–416.90
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

WARNING—IMPORTANT INFORMATION

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

STANDARD FAMILY LAW RESTRAINING ORDERS

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

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

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

ADVERTENCIA – INFORMACIÓN IMPORTANTE

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

ÓRDENES DE RESTRICCIÓN NORMALES DE DERECHO FAMILIAR

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

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

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

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

(This section applies only to family law cases.)

PETITIONER:
RESPONDENT:
OTHER PARTY:

(This section apples only to guardianship cases.)

GUARDIANSHIP OF *(Name):* Minor

CASE NUMBER:

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number):* minor children who are subject to this proceeding, as follows:
   (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

b. Child's name	Place of birth	Date of birth	Sex
☐ Residence information is the same as given above for child a. *(If NOT the same, provide the information below.)*			

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
d. ☐ Additional children are listed on form *FL-105(A)/GC-120(A)*. *(Provide all requested information for additional children.)*

SHORT TITLE:	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 *(name, state, location)*	Court order or judgment *(date)*	Name of each child	Your connection to the case	Case status
a. ☐ Family						
b. ☐ Guardianship						
c. ☐ Other						

Proceeding	Case Number	Court *(name, state, location)*
d. ☐ Juvenile Delinquency/ Juvenile Dependency		
e. ☐ Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State	Case number *(if known)*	Orders expire *(date)*
a. ☐ Criminal				
b. ☐ Family				
c. ☐ Juvenile Delinquency/ Juvenile Dependency				
d. ☐ Other				

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

a. Name and address of person	b. Name and address of person	c. Name and address of person
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child	Name of each child	Name of each child

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

_____ ▶ _____
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached:_____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E–MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	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—Marriage: *Petition—Marriage* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage* (form FL-120)

   –or–

   b. ☐ Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)

   –or–

   c. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)

   –or–

   d. ☐ 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

   e. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
   (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
   (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
   (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
   (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
   (6) ☐ Completed and blank *Property Declaration* (form FL-160)
   (7) ☐ *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
   (8) ☐ Other *(specify):*

2. Address where respondent was served:

3. I served the respondent by the following means *(check proper box):*
   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 him or her 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 him or her of the general nature of the papers.

PETITIONER: RESPONDENT:	CASE NUMBER:

3. b. *(cont.)* 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.

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.)

d. ☐ **Other** *(specify code section):*

☐ Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):

a. ☐ As an individual **or**

b. ☐ On behalf of respondent who is a

(1) ☐ minor. (Code Civ. Proc., § 416.60.)

(2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)

(3) ☐ other *(specify):*

5. **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):* $

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

–or–

7. ☐ **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)

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

MARRIAGE OF

PETITIONER:

RESPONDENT:

RESPONSE ☐ **and REQUEST FOR**

☐ **Dissolution of Marriage**

☐ **Legal Separation**

☐ **Nullity of Marriage** ☐ AMENDED

CASE NUMBER:

1. RESIDENCE (Dissolution only) ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of the *Petition for Dissolution of Marriage.*

2. STATISTICAL FACTS
   a. Date of marriage:
   b. Date of separation:
   c. Time from date of marriage to date of separation *(specify):*
   Years: Months:

3. DECLARATION REGARDING MINOR CHILDREN *(include children of this relationship born prior to or during the marriage or adopted during the marriage):*
   a. ☐ There are no minor children.
   b. ☐ The minor children are:

Child's name	Birthdate	Age	Sex

   ☐ Continued on Attachment 3b.
   c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
   d. ☐ A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY
   Respondent requests that the assets and debts listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 4 ☐ below be confirmed as separate property.

Item	Confirm to

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

Form Adopted for Mandatory Use
Judicial Council of California
FL-120 [Rev. January 1, 2005]

RESPONSE—MARRIAGE
(Family Law)

Family Code, § 2020
www.courtinfo.ca.gov.

American LegalNet, Inc.
www.USCourtForms.com

MARRIAGE OF *(last name, first name of parties):*	CASE NUMBER:

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN
   a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
   b. ☐ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.
   ☐ below *(specify):*

6. ☐ **Respondent contends** that the parties were never legally married.
7. ☐ **Respondent denies** the grounds set forth in item 6 of the petition.
8. **Respondent requests**
   a. ☐ dissolution of the marriage based on
      (1) ☐ irreconcilable differences. (Fam. Code, § 2310(a).)
      (2) ☐ incurable insanity. (Fam. Code, § 2310(b).)
   b. ☐ legal separation of the parties based on
      (1) ☐ irreconcilable differences. (Fam. Code, § 2310(a).)
      (2) ☐ incurable insanity. (Fam. Code, § 2310(b).)
   c. ☐ nullity of void marriage based on
      (1) ☐ incestuous marriage. (Fam. Code, § 2200.)
      (2) ☐ bigamous marriage. (Fam. Code, § 2201.)
   d. ☐ nullity of voidable marriage based on
      (1) ☐ respondent's age at time of marriage. (Fam. Code, § 2210(a).)
      (2) ☐ prior existing marriage. (Fam. Code, § 2210(b).)
      (3) ☐ unsound mind. (Fam. Code, § 2210(c).)
      (4) ☐ fraud. (Fam. Code, § 2210(d).)
      (5) ☐ force. (Fam. Code, § 2210(e).)
      (6) ☐ physical incapacity. (Fam. Code, § 2210(f).)
9. **Respondent requests** that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	☐	☐	☐	☐
b. Physical custody of children to	☐	☐	☐	☐
c. Child visitation be granted to	☐	☐		☐

   As requested in form: ☐ FL-311 ☐ FL-312 ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E) ☐ Attachment 9c.
   d. ☐ Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.
   e. Attorney fees and costs payable by ..... ☐ ☐
   f. Spousal support payable to (wage assignment will be issued) ..... ☐ ☐
   g. ☐ Terminate the court's jurisdiction (ability) to award spousal support to Petitioner.
   h. ☐ Property rights be determined.
   i. ☐ Respondent's former name be restored to *(specify):*
   j. ☐ Other *(specify):*

   ☐ Continued on Attachment 9j.

10. **Child support–** If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

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)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

The original response must be filed in the court with proof of service of a copy on Petitioner.

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:

ATTORNEY FOR *(Name)*:

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER:

RESPONDENT:

CASE NUMBER:

DECLARATION OF DISCLOSURE

☐ **Petitioner's** ☐ **Preliminary**
☐ **Respondent's** ☐ **Final**

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142).
2. ☐ A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest *(not a form).*
4. ☐ A statement of all material facts and information regarding obligations for which the community is liable *(not a form).*
5. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation *(not a form).*

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)

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Form Adopted for Mandatory Use
Judicial Council of California
FL-140 [Rev. January 1, 2003]

American LegalNet, Inc.
www.USCourtForms.com

Family Code, §§ 2102, 2104, 2105, 2106, 2112
www.courtinfo.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION ☐ **Petitioner's** ☐ **Preliminary** ☐ **Respondent's** ☐ **Final**	CASE NUMBER:

1. I am the ☐ attorney for ☐ petitioner ☐ respondent in this matter.

2. ☐ Petitioner's ☐ respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party
   by: ☐ personal service ☐ mail ☐ other *(specify):*
   on *(date):*

3. ☐ Petitioner's ☐ respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party
   by: ☐ personal service ☐ mail ☐ other *(specify):*
   on *(date):*

4. ☐ Service of ☐ petitioner's ☐ respondent's ☐ preliminary ☐ final declaration of disclosure ☐ current income and expense declaration has been waived as follows:
   a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on *(date):*
   b. ☐ The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on *(date):*
   c. ☐ This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

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: File this document with the court.
Do not file a copy of the *Preliminary* or *Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.

Form Adopted for Mandatory Use
Judicial Council of California
FL-141 [Rev. July 1, 2011]

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION
(Family Law)

Family Code, §§ 2104, 2105, 2106, 2107, 2112
www.courts.ca.gov

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. **Employment** *(Give information on your current job or, if you're unemployed, your most recent job.)*

Attach copies of your pay stubs for last two months (black out social security numbers).

a. Employer:
b. Employer's address:
c. Employer's phone number:
d. Occupation:
e. Date job started:
f. If unemployed, date job ended:
g. I work about hours per week.
h. I get paid $ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**
   a. My age is *(specify):*
   b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed *(specify):*
   c. Number of years of college completed *(specify):* ☐ Degree(s) obtained *(specify):*
   d. Number of years of graduate school completed *(specify):* ☐ Degree(s) obtained *(specify):*
   e. I have: ☐ professional/occupational license(s) *(specify):*
   ☐ vocational training *(specify):*

3. **Tax information**
   a. ☐ I last filed taxes for tax year *(specify year):*
   b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
   ☐ married, filing jointly with *(specify name):*
   c. I file state tax returns in ☐ California ☐ other *(specify state):*
   d. I claim the following number of exemptions (including myself) on my taxes *(specify):*

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at *(specify):* $
This estimate is based on *(explain):*

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2007]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courtinfo.ca.gov

American LegalNet, Inc.
www.Forms*Workflow*.com

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. *(Black out your social security number on the pay stub and tax return.)*

5. **Income** *(For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)*

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	$	
b. Overtime (gross, before taxes)	$	
c. Commissions or bonuses	$	
d. Public assistance (for example: TANF, SSI, GA/GR) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social security retirement (not SSI)	$	
i. Disability: ☐ Social security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military BAQ, royalty payments, etc.) *(specify):*	$	

6. **Investment income** *(Attach a schedule showing gross receipts less cash expenses for each piece of property.)*

a. Dividends/interest	$	
b. Rental property income	$	
c. Trust income	$	
d. Other *(specify):*	$	

7. **Income from self-employment, after business expenses for all businesses** $ _____ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other *(specify):*

Number of years in this business *(specify):*

Name of business *(specify):*

Type of business *(specify):*

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months *(specify source and amount):*

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because *(specify):*

10. **Deductions**

	Last month
a. Required union dues	$
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	$
c. Medical, hospital, dental, and other health insurance premiums *(total monthly amount)*	$
d. Child support that I pay for children from other relationships	$
e. Spousal support that I pay by court order from a different marriage	$
f. Partner support that I pay by court order from a different domestic partnership	$
g. Necessary job-related expenses not reimbursed by my employer *(attach explanation labeled "Question 10g")*	$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	$
b. Stocks, bonds, and other assets I could easily sell	$
c. All other property, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:

12. **The following people live with me:**

Name	Age	How the person is related to me? *(ex: son)*	That person's gross monthly income	Pays some of the household expenses?
a.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☐ Rent or ☐ mortgage. . . $ _____

If mortgage:

(a) average principal: $ _____

(b) average interest: $ _____

(2) Real property taxes . . . . . $ _____

(3) Homeowner's or renter's insurance (if not included above) . . . . . $ _____

(4) Maintenance and repair . . . . . $ _____

b. Health-care costs not paid by insurance. . . $ _____

c. Child care . . . . . $ _____

d. Groceries and household supplies. . . . . $ _____

e. Eating out. . . . . $ _____

f. Utilities (gas, electric, water, trash) . . . . . $ _____

g. Telephone, cell phone, and e-mail . . . . . $ _____

h. Laundry and cleaning . . . . . $ _____

i. Clothes . . . . . $ _____

j. Education . . . . . $ _____

k. Entertainment, gifts, and vacation. . . . . $ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) . . . . . $ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . $ _____

n. Savings and investments. . . . . $ _____

o. Charitable contributions. . . . . $ _____

p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here).* . $ _____

q. Other *(specify):* . . . . . $ _____

r. **TOTAL EXPENSES** (a–q) *(do not add in the amounts in a(1)(a) and (b))* $ _____

s. **Amount of expenses paid by others** $ _____

14. **Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

15. **Attorney fees** *(This is required if either party is requesting attorney fees.):*

a. To date, I have paid my attorney this amount for fees and costs *(specify):* $

b. The source of this money was *(specify):*

c. I still owe the following fees and costs to my attorney *(specify total owed):* $

d. My attorney's hourly rate is *(specify):* $

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. **Number of children**
    a. I have *(specify number):* children under the age of 18 with the other parent in this case.
    b. The children spend percent of their time with me and percent of their time with the other parent.
    (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. **Children's health-care expenses**
    a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
    b. Name of insurance company:
    c. Address of insurance company:

    d. The monthly cost for the **children's** health insurance is or would be *(specify):* $
    (Do not include the amount your employer pays.)

18. **Additional expenses for the children in this case** — Amount per month
    a. Child care so I can work or get job training. . . . . $ _____
    b. Children's health care not covered by insurance . . . . . $ _____
    c. Travel expenses for visitation . . . . . $ _____
    d. Children's educational or other special needs *(specify below):* . . . . . $ _____

19. **Special hardships.** I ask the court to consider the following special financial circumstances *(attach documentation of any item listed here, including court orders):*

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.	$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	$ _____	_____
(2) Names and ages of those children *(specify):*		
(3) Child support I receive for those children.	$ _____	

The expenses listed in a, b, and c create an extreme financial hardship because *(explain):*

20. **Other information I want the court to know concerning support in my case** *(specify):*

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FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:

ATTORNEY FOR *(Name)*:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

PETITIONER:

RESPONDENT:

SCHEDULE OF ASSETS AND DEBTS

☐ **Petitioner's** ☐ **Respondent's**

CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE *(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)*			$	$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES *(Identify.)*				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. *(Identify.)*				

Form Approved for Optional Use
Judicial Council of California
FL-142 [Rev. January 1, 2005]

Code of Civil Procedure, §§ 2030(c), 2033.5
www.courtinfo.ca.gov

American LegalNet, Inc.
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ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS *(Describe and attach copy of title document.)*			$	$
5.	SAVINGS ACCOUNTS *(Account name, account number, bank, and branch. Attach copy of latest statement.)*				
6.	CHECKING ACCOUNTS *(Account name and number, bank, and branch. Attach copy of latest statement.)*				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS *(Account name and number, bank, and branch. Attach copy of latest statement.)*				
8.	CASH *(Give location.)*				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE *(Attach copy of declaration page for each policy.)*				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS *(Give certificate number and attach copy of the certificate or copy of latest statement.)*			$	$
12.	RETIREMENT AND PENSIONS *(Attach copy of latest summary plan documents and latest benefit statement.)*				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION *(Attach copy of latest statement.)*				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES *(Attach copy of each.)*				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS *(Attach copy of most current K-1 form and Schedule C.)*				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			$	$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS *(Give details.)*		$	
20.	TAXES *(Give details.)*			
21.	SUPPORT ARREARAGES *(Attach copies of orders and statements.)*			
22.	LOANS—UNSECURED *(Give bank name and loan number and attach copy of latest statement.)*			
23.	CREDIT CARDS *(Give creditor's name and address and the account number. Attach copy of latest statement.)*			
24.	OTHER DEBTS *(Specify.):*			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		$	

27. ☐ *(Specify number):*_____ pages are attached as continuation sheets.

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)

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER:

RESPONDENT:

REQUEST TO ENTER DEFAULT

CASE NUMBER:

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.

2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)
   ☐ is attached ☐ is not attached.
   A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached
   because *(check at least one of the following):*
   (a) ☐ there have been no changes since the previous filing.
   (b) ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
   (c) ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
   (d) ☐ the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
   (e) ☐ there are no issues of division of community property.
   (f) ☐ this is an action to establish parental relationship.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**
   a. ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
   b. ☐ A copy of this *Request to Enter Default,* including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows *(address of the respondent's attorney or, if none, the respondent's last known address):*

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)

FOR COURT USE ONLY

☐ *Request to Enter Default* mailed to the respondent or the respondent's attorney on *(date):*

☐ Default entered as requested on *(date):*

☐ Default **not** entered. Reason:

Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
FL-165 [Rev. January 1, 2005]

Code of Civil Procedure, §§ 585, 587;
Family Code, § 2335.5
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

CASE NAME *(Last name, first name of each party):*	CASE NUMBER:

4. **Memorandum of costs**
   a. ☐ Costs and disbursements are waived.
   b. Costs and disbursements are listed as follows:
      (1) ☐ Clerk's fees ..... $.....
      (2) ☐ Process server's fees ..... $.....
      (3) ☐ Other *(specify):* ..... $.....
      ..... $.....
      ..... $.....
      ..... $ _____
      TOTAL ..... $.....
   c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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)

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION FOR DEFAULT OR UNCONTESTED ☐ **DISSOLUTION** ☐ **LEGAL SEPARATION**	CASE NUMBER:

(NOTE: Items 1 through 12 apply to both dissolution and legal separation proceedings.)

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the ☐ amended ☐ *Petition* ☐ *Response* is true and correct.
4. **Type of case** *(check a, b, or c)*:
   a. ☐ **Default without agreement**
      (1) No response has been filed and there is no written agreement or stipulated judgment between the parties;
      (2) The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
      (3) The following statement is true *(check one)*:
         (A) ☐ There are no assets or debts to be disposed of by the court.
         (B) ☐ The community and quasi-community assets and debts are listed on the **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
   b. ☐ **Default with agreement**
      (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
      (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
   c. ☐ **Uncontested**
      (1) Both parties have appeared in the case; and
      (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure** *(check a, b, or c)*:
   a. ☐ Both the petitioner and respondent have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
   b. ☐ This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
   c. ☐ This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment or another, separate stipulation.

PETITIONER: RESPONDENT:	CASE NUMBER:

6. ☐ **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
   a. ☐ The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105) ☐ has ☐ has not changed since it was last filed with the court. *(If changed, attach updated form.)*
   b. ☐ There is an existing court order for custody/parenting time in another case in *(county)*:
      The case number is *(specify):*
   c. ☐ The current custody and visitation (parenting time) previously ordered in this case, or current schedule is *(specify):*
      ☐ Contained on Attachment 6c.
   d. ☐ Facts in support of requested judgment (*In a default case, state your reasons below):*
      ☐ Contained on Attachment 6d.

7. ☐ **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
   a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
      (1) ☐ Child support is being enforced in another case in *(county):*
      The case number is *(specify):*
      (2) ☐ The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
      (3) ☐ I request that this order be based on the ☐ petitioner's ☐ respondent's earning ability. The facts in support of my estimate of earning ability are *(specify):*
      ☐ Continued on Attachment 7a(3).
   b. Complete items (1) and (2) regarding public assistance.
      (1) I ☐ am receiving ☐ am not receiving ☐ intend to apply for public assistance for the child or children listed in the proposed order.
      (2) To the best of my knowledge, the other party ☐ is ☐ is not receiving public assistance.
   c. ☐ The petitioner ☐ respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.

8. **Spousal, Partner, and Family Support** *(If a support order or attomey fees are requested, submit a completed* Income and Expense Declaration *(form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)*
   a. ☐ I knowingly give up forever any right to receive spousal or partner support.
   b. ☐ I ask the court to reserve jurisdiction to award spousal or partner support in the future to *(name):*
   c. ☐ I ask the court to terminate forever spousal or partner support for: ☐ petitioner ☐ respondent.
   d. ☐ Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
      ☐ *Spousal or Partner Support Declaration Attachment* (form FL-157)
      ☐ written agreement
      ☐ attached declaration *(Attachment 8d.)*
   e. ☐ Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
   f. ☐ Other *(specify):*

PETITIONER: RESPONDENT:	CASE NUMBER:

9. ☐ **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
   a. ☐ A Voluntary Declaration of Paternity is attached.
   b. ☐ Parentage was previously established by the court in *(county):*
      The case number is *(specify):*
      ☐ Written agreement of the parties attached here or to the *Judgment* (form FL-180).

10. ☐ **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180)
    ☐ facts in support in form FL-319
    ☐ other *(specify facts below)*:

11. ☐ The judgment should be entered nunc pro tunc for the following reasons *(specify)*:

12. ☐ The petitioner ☐ respondent requests restoration of his or her former name as set forth in the proposed *Judgment* (form FL-180).

13. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.

14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent have been residents of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.

16. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.

17. ☐ This declaration is for the termination of **marital or domestic partner status only.** I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request for a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.

    I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.

19. ☐ Other *(specify):*

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)

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Name, Address and Telephone Number of Attorney(s)

Attorney for:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY

Plaintiffs/Petitioner

vs.

Defendants/Respondent

CASE NUMBER

REQUEST FOR HEARING

Case to be set for hearing on _____

At (time): _____ ☐ ☐

_____ MARRIAGE. All necessary documents must be on file, and default if required must be entered prior to being placed on calendar.

_____ ADOPTION. Report of investigating agency, all consents, statement of costs (step-parent excepted), and any other necessary papers must be filed prior to being placed on calendar.

_____ COMPROMISE OF MINOR'S CLAIM. Petition must be on file.

_____ OTHER (specify) _____ .
All necessary papers must be filed, defaults (if any) entered, prior to being placed on calendar.

Names of Witnesses (Must be furnished)

_____

_____

_____
Attorney Signature

Approved for hearing as requested or set for hearing on _____

At _____ in Salinas _____ Monterey _____

Calendared by _____ _____
Deputy Clerk Signature

ROUGH MINUTES OF Department _____ Date _____

Judge _____ Reporter _____ Clerk _____ Bailiff _____

Appearances:

Witnesses:

Order of Court:

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
☐ **PETITIONER'S** ☐ **RESPONDENT'S** ☐ **COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION** ☐ **SEPARATE PROPERTY DECLARATION**	CASE NUMBER:

INSTRUCTIONS

When this form is attached to the *Petition* or *Response,* values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO. BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award to: PETITIONER	RESPONDENT
1. REAL ESTATE	$	$	$	$	$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES					
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.					
4. VEHICLES, BOATS, TRAILERS					

Form Adopted for Mandatory Use
Judicial Council of California
FL-160 [Rev. January 1, 2007]

PROPERTY DECLARATION
(Family Law)

Family Code, §§ 115, 2500–2660
www.courtinfo.ca.gov

American LegalNet, Inc.
www.Forms*Workflow*.com

ITEM NO. BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award to: PETITIONER	RESPONDENT
5. SAVINGS, CHECKING, CREDIT UNION, CASH	$	$	$	$	$
6. LIFE INSURANCE (CASH VALUE)					
7. EQUIPMENT, MACHINERY, LIVESTOCK					
8. STOCKS, BONDS, SECURED NOTES					
9. RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES					
10. ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS					
11. PARTNERSHIPS, OTHER BUSINESS INTERESTS					
12. OTHER ASSETS AND DEBTS					
13. TOTAL FROM CONTINUATION SHEET					
14. TOTALS					

15. ☐ A *Continuation of Property Declaration* (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

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MARRIAGE OF (Last name—first names of parties)	CASE NUMBER

☐ PETITIONER'S ☐ RESPONDENT'S

☐ COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION

☐ SEPARATE PROPERTY DECLARATION

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION AWARD TO PETITIONER	RESPONDENT
		$	$	$	$	$

Form Adopted for Mandatory Use
Judicial Council of California
FL-161 [Rev. January 1, 2003]

CONTINUATION OF PROPERTY DECLARATION
(FAMILY LAW)

Family Code, §§ 2500–2600
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION AWARD TO PETITIONER	RESPONDENT
		$	$	$	$	$

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: RESPONDENT:	
JUDGMENT ☐ **DISSOLUTION** ☐ **LEGAL SEPARATION** ☐ **NULLITY** ☐ **Status only** ☐ **Reserving jurisdiction over termination of marital or domestic partnership status** ☐ **Judgment on reserved issues** **Date marital or domestic partnership status ends:**	CASE NUMBER:

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
   The restraining orders are contained on page(s) of the attachment. They expire on *(date):*

2. This proceeding was heard as follows: ☐ Default or uncontested ☐ By declaration under Family Code section 2336
   ☐ Contested ☐ Agreement in court
   a. Date: Dept.: Room:
   b. Judicial officer *(name):* ☐ Temporary judge
   c. ☐ Petitioner present in court ☐ Attorney present in court *(name):*
   d. ☐ Respondent present in court ☐ Attorney present in court *(name):*
   e. ☐ Claimant present in court *(name):* ☐ Attorney present in court *(name):*
   f. ☐ Other *(specify name):*

3. The court acquired jurisdiction of the respondent on *(date):*
   a. ☐ The respondent was served with process.
   b. ☐ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☐ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
   (1) ☐ on *(specify date):*
   (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
   b. ☐ Judgment of legal separation is entered.
   c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify):*
   d. ☐ This judgment will be entered nunc pro tunc as of *(date):*
   e. ☐ Judgment on reserved issues.
   f. The ☐ petitioner's ☐ respondent's former name is restored to *(specify):*
   g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
   h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

Form Adopted for Mandatory Use
Judicial Council of California
FL-180 [Rev. July 1, 2012]

Family Code, §§ 2024, 2340, 2343, 2346
www.courts.ca.gov

CASE NAME *(Last name, first name of each party):*	CASE NUMBER:

4. i. ☐ The children of this marriage or domestic partnership are:
   (1) ☐ Name Birthdate

   (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership

   j. ☐ Child custody and visitation (parenting time) are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
   (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
   (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
   (4) ☐ Previously established in another case. Case number: Court:

   k. ☐ Child support is ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
   (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
   (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
   (4) ☐ Previously established in another case. Case number: Court:

   l. ☐ Spousal, domestic partner, or family support is ordered:
   (1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent
   (2) ☐ Jurisdiction terminated to order spousal or partner support to ☐ petitioner ☐ respondent
   (3) ☐ As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
   (4) ☐ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
   (5) ☐ Other *(specify):*

   m. ☐ Property division is ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
   (3) ☐ Other *(specify):*

   n. ☐ Attorney fees and costs are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Attorney Fees and Costs Order* (form FL-346).
   (3) ☐ Other *(specify):*

   o. ☐ Other *(specify):*

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date:

JUDICIAL OFFICER

5. Number of pages attached: _____ ☐ SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

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PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

TO ☐ ***Findings and Order After Hearing*** **(form FL-340)** ☐ ***Judgment*** **(form FL-180)**
☐ ***Stipulation and Order for Custody and/or Visitation of Children*** **(form FL-355)**
☐ **Other** *(specify):*

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

Child's name	Date of birth	Legal custody to *(person who makes decisions about health, education, etc.)*	Physical custody to *(person with whom the child lives)*

6. ☐ **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. (*Child Abduction Prevention Orders Attachment* (form FL-341(B)) must be attached and must be obeyed.)
7. ☐ **Visitation (parenting time)**
   a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**
   b. ☐ See the attached _____-page document.
   c. ☐ The parties will go to mediation at *(specify location):*
   d. ☐ No visitation
   e. ☐ Visitation (parenting time) for the ☐ petitioner ☐ respondent ☐ other *(name):* will be as follows:

   (1) ☐ **Weekends starting** *(date):*
   (The first weekend of the month is the first weekend with a Saturday.)
   ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of the month
   from *(day of week)* at *(time)* ☐ a.m. ☐ p.m.
   to *(day of week)* at *(time)* ☐ a.m. ☐ p.m.
   (a) ☐ The parents will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other *(name):* having the initial fifth weekend, which starts *(date):*
   (b) ☐ The petitioner will have fifth weekends in ☐ odd ☐ even months.

THIS IS A COURT ORDER.

Form Approved for Optional Use
Judicial Council of California
FL-341 [Rev. July 1, 2012]

Family Code, §§ 3020, 3022, 3025, 3040–3043, 3048, 3100, 6340, 7604
www.courts.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

7. e. (2) ☐ **Alternate weekends starting** *(date):*

The ☐ petitioner ☐ respondent ☐ other *(name):* will have the children with him or her during the period

from *(day of week)* at *(time)* ☐ a.m. ☐ p.m.

to *(day of week)* at *(time)* ☐ a.m. ☐ p.m.

(3) ☐ **Weekdays starting** *(date):*

The ☐ petitioner ☐ respondent ☐ other *(name):* will have the children with him or her during the period

from *(day of week)* at *(time)* ☐ a.m. ☐ p.m.

to *(day of week)* at *(time)* ☐ a.m. ☐ p.m.

(4) ☐ **Other** *(specify days and times as well as any additional restrictions):*

☐ See Attachment 7e(4).

8. ☐ **The court acknowledges** that criminal protective orders in case number *(specify):* in *(specify court):* relating to the parties in this case are in effect under Penal Code section 136.2, are current, and have priority of enforcement.

9. ☐ **Supervised visitation.** Until ☐ further order of the court ☐ other *(specify):* the ☐ petitioner ☐ respondent ☐ other *(name):* will have supervised visitation with the minor children according to the schedule

set forth on page 1. **(You must attach *Supervised Visitation Order* (form FL-341(A).)**

10. ☐ **Transportation for visitation**

a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.

b. ☐ Transportation **to** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*

c. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*

d. ☐ The exchange point at the beginning of the visit will be at *(address):*

e. ☐ The exchange point at the end of the visit will be at *(address):*

f. ☐ During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.

g. ☐ Other *(specify):*

11. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other *(name):* **must** have written permission from the other parent or a court order to take the children out of

a. ☐ the state of California.

b. ☐ the following counties *(specify):*

c. ☐ other places *(specify):*

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

12. ☐ **Holiday schedule.** The children will spend holiday time as listed ☐ below ☐ in the attached schedule. *(Children's Holiday Schedule Attachment* (form FL-341(C)) may be used for this purpose.)

13. ☐ **Additional custody provisions.** The parents will follow the additional custody provisions listed ☐ below ☐ in the attached schedule. (*Additional Provisions—Physical Custody Attachment* (form FL-341(D)) may be used for this purpose.)

14. ☐ **Joint legal custody.** The parents will share joint legal custody as listed ☐ below ☐ in the attached schedule. (*Joint Legal Custody Attachment* (form FL-341(E)) may be used for this purpose.)

15. ☐ **Other** *(specify):*

THIS IS A COURT ORDER.

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PETITIONER / PLAINTIFF:	CASE NUMBER:
RESPONDENT / DEFENDANT:	

SUPERVISED VISITATION ORDER

Attachment to *Child Custody and Visitation Order Attachment* (form FL-341)

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent with the child(ren) be supervised based upon allegations of
   ☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect
   ☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other *(specify):*

   ☐ Petitioner ☐ Respondent disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.

2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by
   ☐ Petitioner ☐ Respondent must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. **CHILD(REN) TO BE SUPERVISED**

Child's name	Birth date	Age	Sex

4. **TYPE**
   a. ☐ Supervised visitation b. ☐ Supervised exchange only c. ☐ Therapeutic visitation

5. **SUPERVISED VISITATION PROVIDER**
   a. ☐ Professional (individual provider or supervised visitation center) b. ☐ Nonprofessional

6. **AUTHORIZED PROVIDER**

Name	Address	Telephone

   ☐ Any other mutually agreed-upon third party as arranged.

7. **DURATION AND FREQUENCY OF VISITS** *(see form FL-341 for specifics of visitation):*

8. **PAYMENT RESPONSIBILITY** Petitioner: _____% Respondent: _____%

9. ☐ Petitioner will contact professional provider or supervised visitation center no later than *(date):*
   ☐ Respondent will contact professional provider or supervised visitation center no later than *(date):*

10. **THE COURT FURTHER ORDERS**

Date:

JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
FL-341(A) [Rev. January 1, 2003]

American LegalNet, Inc.
www.USCourtForms.com

Family Code, §§ 3100, 3031
www.courtinfo.ca.gov

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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

TO ☐ **Findings and Order After Hearing (form FL-340)** ☐ **Judgment (form FL-180)**
☐ **Restraining Order After Hearing (CLETS-OAH)(form DV-130)**
☐ **Other** *(specify):*

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.
2. ☐ **Income**
   a. Each parent's monthly income is as follows:

	Gross monthly income	Net monthly income	Receiving TANF/CalWORKS
Petitioner/plaintiff:	$	$	☐
Respondent/defendant:	$	$	☐
Other parent:	$	$	☐

   b. Imputation of income. The court finds that the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent has the capacity to earn:
   $ per and has based the support order upon this imputed income.
3. ☐ **Children of this relationship**
   a. Number of children who are the subjects of the support order *(specify):*
   b. Approximate percentage of time spent with petitioner/plaintiff: %
   respondent/defendant: %
   other parent: %
4. ☐ **Hardships**
   Hardships for the following have been allowed in calculating child support:

	Petitioner/ plaintiff	Respondent/ defendant	Other parent	Approximate ending time for the hardship
a. ☐ Other minor children:	$	$	$	
b. ☐ Extraordinary medical expenses:	$	$	$	
c. ☐ Catastrophic losses:	$	$	$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**
   a. ☐ The low-income adjustment applies.
   b. ☐ The low-income adjustment does not apply because *(specify reasons):*
6. ☐ **Child support**
   a. **Base child support**
   ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent must pay child support beginning *(date):* and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

Child's name	Date of birth	Monthly amount	Payable to *(name):*

Payable ☐ on the 1st of the month ☐ one-half on the 1st and one-half on the 15th of the month
☐ other *(specify):*

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

THE COURT FURTHER ORDERS

6. b. ☐ **Mandatory additional child support**

(1) ☐ Child-care costs related to employment or reasonably necessary job training

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month child-care costs.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month child-care costs.
(c) ☐ Other parent must pay: % of total or ☐ $ per month child-care costs.
(d) ☐ Costs to be paid as follows *(specify):*

c. **Mandatory additional child support**

(2) ☐ Reasonable uninsured health-care costs for the children

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month.
(c) ☐ Other parent must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

d. ☐ **Additional child support**

(1) ☐ Costs related to the educational or other special needs of the children

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month.
(c) ☐ Other parent must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

(2) ☐ Travel expenses for visitation

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month.
(c) ☐ Other parent must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

e. ☐ **Non-Guideline Order**
This order does not meet the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

Total child support per month: $

7. **Health-care expenses**

a. Health insurance coverage for the minor children of the parties must be maintained by the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent at a reasonable cost at this time.

c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**
An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

10. ☐ **Employment search order (Family Code, § 4505)**
☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent is ordered to seek employment with the following terms and conditions:

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

11. **Other orders** *(specify):*

12. **Notices**
    a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.
    b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. **Child Support Case Registry Form**
    Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

THIS IS A COURT ORDER.

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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

Attachment to ☐ **Child Support Information and Order Attachment (form FL-342)**
☐ **Judgment (Family Law) (form FL-180)** ☐ **Other *(specify):***

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

1. STIPULATION TO NON-GUIDELINE ORDER

☐ The child support agreed to by the parties is ☐ below or ☐ above the statewide child support guidelines. The amount of support that would have been ordered under the guideline formula is: $ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

OTHER REBUTTAL FACTORS

2. ☐ **Support calculation**

a. The guideline amount of child support calculated is: $ per month **payable** by ☐ petitioner/plaintiff ☐ respondent/defendant

b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an ☐ increase ☐ decrease in child support. The revised amount of support is: $ per month.

c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case.
These changes remain in effect ☐ until *(date):*
☐ until further order

d. **The factors are:**

(1) ☐ The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: $ per month. (Fam. Code, § 4057(b)(2).)

(2) ☐ The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)

(3) ☐ The ☐ petitioner/plaintiff ☐ respondent/defendant is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)

(4) ☐ Special circumstances exist in this case. The special circumstances are:

(i) ☐ The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5) (A).)

(ii) ☐ The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)

(iii) ☐ The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) *(specify):*

(iv) ☐ Other (Fam. Code, § 4057(b)(5)) *(specify):*

Form Adopted for Mandatory Use
Judicial Council of California
FL-342(A) [Rev. January 1, 2008]

Family Code, § 4056
www.courtinfo.ca.gov

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www.Forms*Workflow*.com

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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

TO ☐ ***Findings and Order After Hearing*** **(form FL-340)** ☐ ***Judgment*** **(form FL-180)**
☐ ***Restraining Order After Hearing (CLETS-OAH)*** **(form DV-130)** ☐ **Other** *(specify):*
☐ **Stipulation of Parties**

THE COURT FINDS

1. **Net income.** The parties' monthly income and deductions are as follows *(complete a, b, or both):*

		Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner:	☐ receiving TANF/CalWORKS	$	$	$	$
b. Respondent:	☐ receiving TANF/CalWORKS	$	$	$	$

2. ☐ A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above *(for temporary support only).*

3. **Judgment for spousal or partner support**
   a. ☐ Modifies a judgment or order entered on *(date):*
   b. ☐ The parties were married for *(specify numbers):* _____ years _____ months.
   c. ☐ The parties were registered as domestic partners or the equivalent for *(specify numbers):*_____ years _____ months.
   d. ☐ The parties are both self-supporting, as shown on the *Declaration for Default or Uncontested Dissolution or Legal Separation* (form FL-170).
   e. ☐ The marital standard of living was *(describe):*

   ☐ See Attachment 3d.

THE COURT ORDERS

4. ☐ The issue of spousal or partner support for the ☐ petitioner ☐ respondent is reserved for a later determination.

5. ☐ The court terminates jurisdiction over the issue of spousal or partner support for the ☐ petitioner ☐ respondent.

6. a. The ☐ petitioner ☐ respondent must pay to the ☐ petitioner ☐ respondent
   as ☐ temporary ☐ spousal support ☐ family support ☐ partner support
   $ per month, beginning *(date):* , payable through *(specify end date):*

   ☐ payable on the *(specify):* day of each month.
   ☐ Other *(specify):*

   b. ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.

   c. ☐ An earnings assignment for the foregoing support will issue. (**Note:** The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)

   d. ☐ Service of the earnings assignment is stayed provided the payor is not more than *(specify number):* days late in the payment of spousal, family, or partner support.

THIS IS A COURT ORDER.

Form Approved for Optional Use
Judicial Council of California
FL-343 [Rev. July 1, 2012]

Family Code, §§ 150, 299, 3651, 3653, 3654, 4320, 4330, 4337
www.courts.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

7. ☐ The ☐ petitioner ☐ respondent should make reasonable efforts to assist in providing for his or her support needs.

8. ☐ The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.

9. ☐ This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

10. ☐ Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.

11. ☐ Other orders (*specify):*

NOTICE: Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

THIS IS A COURT ORDER.

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER

CASE NUMBER:

1. a. ☐ Mother's net monthly disposable income: $

   Father's net monthly disposable income: $

   -OR-

   b. ☐ A printout of a computer calculation of the parents' financial circumstances is attached.

2. ☐ Percentage of time each parent has primary responsibility for the children: Mother: % Father: %

3. a. ☐ A hardship is being experienced by the mother $ per month because of *(specify):*

   The hardship will last until *(date):*

   b. ☐ A hardship is being experienced by the father $ per month because of *(specify):*

   The hardship will last until *(date):*

4. The amount of child support payable by *(name):* , referred to as "the parent ordered to pay support," as calculated under the guideline is: $ per month.

5. ☐ We agree to guideline support.

6. ☐ The guideline amount should be rebutted because of the following:

   a. ☐ We agree to child support in the amount of $ per month; the agreement is in the best interest of the children; the needs of the children will be adequately met by the agreed amount; and application of the guideline would be unjust or inappropriate in this case.

   b. ☐ Other rebutting factors *(specify):*

7. The parent ordered to pay support must pay child support as follows beginning *(date):*

   a. BASIC CHILD SUPPORT

Child's name	Monthly amount	Payable to *(name):*

   Total: $ payable ☐ on the first of the month ☐ other *(specify):*

   b. ☐ In addition, the parent ordered to pay support must pay the following:

   (1) ☐ $ per month for child care costs to *(name):* on *(date):*

   (2) ☐ $ per month for health-care costs not deducted from gross income to *(name):* on *(date):*

   (3) ☐ $ per month for special educational or other needs of the children to *(name):* on *(date):*

   (4) ☐ other *(specify):*

   c. **Total monthly child support** payable by the parent ordered to pay support will be: $

   payable ☐ on the first of the month ☐ other *(specify):*

Form Adopted for Mandatory Use
Judicial Council of California
FL-350 [Rev. July 1, 2010]

Family Code, § 4065
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

8. a. Health insurance will be maintained by *(specify name):*
The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
   b. ☐ A health insurance coverage assignment will issue if health insurance is available through employment or other group plan or otherwise is available at reasonable cost. Both parents are ordered to cooperate in the presentation, collection, and reimbursement of any medical claims.
   c. Any health expenses not paid by insurance will be shared: Mother: % Father: %
9. a. An earnings assignment order is issued.
   b. ☐ We agree that service of the earnings assignment be stayed because we have made the following alternative arrangements to ensure payment *(specify):*

10. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount in arrears nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
11. ☐ Travel expenses for visitation will be shared: Mother: % Father: %
12. ☐ We agree that we will promptly inform each other of any change of residence or employment, including the employer's name, address, and telephone number.
13. ☐ Other *(specify):*

14. We agree that we are fully informed of our rights under the California child support guidelines.
15. We make this agreement freely without coercion or duress.
16. The right to support
   a. ☐ has not been assigned to any county, and no application for public assistance is pending.
   b. ☐ has been assigned or an application for public assistance is pending in *(county name):*
   If you checked b., an attorney for the local child support agency must sign below, joining in this agreement.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Notice: If the amount agreed to is less than the guideline amount, no change of circumstances need be shown to obtain a change in the support order to a higher amount. If the order is above the guideline, a change of circumstances will be required to modify this order. This form must be signed by the court to be effective.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

THE COURT ORDERS

17. a. ☐ The guideline child support amount in item 4 is rebutted by the factors stated in item 6.
   b. Items 7 through 13 are ordered. All child support payments must continue until further order of the court, or until the child marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child who has attained the age of 18 years, is a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attains the age of 19 years, whichever first occurs. Except as modified by this stipulation, all provisions of any previous orders made in this action will remain in effect.

Date:

JUDGE OF THE SUPERIOR COURT

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year. This can be a large added amount.

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER:

RESPONDENT:

CASE NUMBER:

NOTICE OF ENTRY OF JUDGMENT

You are notified that the following judgment was entered on *(date):*

1. ☐ Dissolution
2. ☐ Dissolution—status only
3. ☐ Dissolution—reserving jurisdiction over termination of marital status or domestic partnership
4. ☐ Legal separation
5. ☐ Nullity
6. ☐ Parent-child relationship
7. ☐ Judgment on reserved issues
8. ☐ Other *(specify):*

Date:

Clerk, by _____, Deputy

—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION

Effective date of termination of marital or domestic partnership status *(specify):*

WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at *(place):* , California, on *(date):*

Date: Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney

Name and address of respondent or respondent's attorney

Form Adopted for Mandatory Use
Judicial Council of California
FL-190 [Rev. January 1, 2005]

NOTICE OF ENTRY OF JUDGMENT
(Family Law—Uniform Parentage—Custody and Support)

Family Code, §§ 2338, 7636,7637
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

Print This Form

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Clear This Form

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. (*Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

CHILD SUPPORT CASE REGISTRY FORM

☐ Mother ☐ First form completed

☐ Father ☐ Change to previous information

CASE NUMBER:

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information *(this information is on the court order you are filing or have received).*
   a. Date order filed:
   b. ☐ Initial child support or family support order ☐ Modification
   c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support*:*

Child Support:	Family Support:	Spousal Support:
(1) ☐ Current base child support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current base family support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current spousal support: $ ☐ Reserved order ☐ $0 (zero) order
(2) ☐ Additional monthly support: $	☐ Additional monthly support: $	
(3) ☐ Total past-due support: $	☐ Total past-due support: $	☐ Total past-due support: $
(4) ☐ Payment on past-due support: $	☐ Payment on past-due support: $	☐ Payment on past-due support: $

   (5) Wage withholding was ☐ ordered ☐ ordered but stayed until *(date):*

2. Person required to pay child or family support *(name):*
   Relationship to child *(specify):*
3. Person or agency to receive child or family support payments *(name):*
   Relationship to child *(if applicable):*

TYPE OR PRINT IN INK

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www.USCourtForms.com

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

4. The child support order is for the following children:

	Child's name	Date of birth	Social security number
a.			
b.			
c.			

☐ Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:
   a. Date of birth:
   b. Social security number:
   c. Street address:

      City, state, zip code:
   d. Mailing address:

      City, state, zip code:
   e. Driver's license number:

      State:
   f. Telephone number:
   g. ☐ Employed ☐ Not employed ☐ Self-employed

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

6. Mother's name:
   a. Date of birth:
   b. Social security number:
   c. Street address:

      City, state, zip code:
   d. Mailing address:

      City, state, zip code:
   e. Driver's license number:

      State:
   f. Telephone number:
   g. ☐ Employed ☐ Not employed ☐ Self-employed

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

7. ☐ A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.
   a. The order protects: ☐ Father ☐ Mother ☐ Children
   b. From: ☐ Father ☐ Mother
   c. The restraining order expires on *(date):*

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)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form.* The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.

   b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."

   c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.

      (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.

      (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay $300 per month, check the box in item 2 underneath the "Child Support" column and enter $300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

(3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was $5000 in past due child support and $1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter $5000 and you would also check the box in item 3 in the "Spousal Support" column and enter $1000.

(4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered $350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter $350.

(5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.

2. a. Write the name of the person who is supposed to pay child or family support.
   b. Write the relationship of that person to the child.

3. a. Write the name of the person or agency supposed to receive child or family support payments.
   b. Write the relationship of that person to the child.

4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.

6. If you are the mother in this case, list your full name in this space.

   a. List your date of birth.
   b. Write your social security number.
   c. List the street address, city, state, and zip code where you live.
   d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
   e. Write your driver's license number and the state where it was issued.
   f. List the telephone number where you live.
   g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.

7. If there is a restraining order, protective order, or nondisclosure order, check this box.

   a. Check the box beside each person who is protected by the restraining order.
   b. Check the box beside the parent who is restrained.
   c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

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NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay $500 per month in child support. You lose your job. You will continue to owe $500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving $300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive $300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* ***or*** FL-683 *Order to Show Cause (Governmental)* ***and***
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* ***or*** FL-300, *Order to Show Cause* ***and***
- FL-310, *Application for Order and Supporting Declaration* ***or***
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* ***or*** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.
This means someone 18 or over—**not you—**must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to *www.courtinfo.ca.gov/selfhelp/courtcalendars/.*

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* ***and*** FL-150, *Income and Expense Declaration,* ***or***
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* ***and***
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.