

**DISSOLUTION, SEPARATION OR ANNULMENT**  
**OF**  
**DOMESTIC PARTNERSHIP**

# FL-107-INFO Legal Steps for a Divorce or Legal Separation

## STEP 1. Start Your Case

- The **petitioner** (the person who files the first divorce or legal separation forms with the court) fills out and files with the court clerk at least a *Petition—Marriage/Domestic Partnership* (form FL-100) and a *Summons* (form FL-110) and, if there are children of the relationship, a *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105).
- The forms needed to start your case and information about filing fees and fee waivers are available at “Filing Your Case,” at [courts.ca.gov/filing](http://courts.ca.gov/filing).
- The court clerk will stamp and return copies of the filed forms to the petitioner.

## STEP 2. Serve the Forms

- **Someone 18 or older—not the petitioner—serves** the spouse or domestic partner (called the **respondent**) with all the forms from Step 1 plus a blank *Response—Marriage/Domestic Partnership* (form FL-120) and files with the court a proof-of-service form, such as *Proof of Service of Summons* (form FL-115), telling when and how the respondent was served. (To *serve* means “to give in the proper legal way.”) For more information, see “Serving Your First Set of Court Forms” at [courts.ca.gov/filing](http://courts.ca.gov/filing).
- The **respondent** has 30 days to file and serve a *Response*. So, the **petitioner** must wait 30 days before starting Step 4.

## STEP 3. Disclose Financial Information

- At the same time as Step 1 or within 60 days of filing the *Petition*, the **petitioner** must fill out and have these documents served on the **respondent**: *Declaration of Disclosure* (form FL-140), *Income and Expense Declaration* (form FL-150), *Schedule of Assets and Debts* (form FL-142) or *Property Declaration* (form FL-160), and all tax returns filed by the party in the two years before serving the disclosure documents. These disclosure documents are not filed with the court.
- If the **respondent** files a *Response*, he or she must also complete and serve the same disclosure documents on the **petitioner** within 60 days of filing the *Response*.
- The 60-day time frame for serving the disclosures may be changed by written agreement between the parties or by court order.
- The **petitioner** and **respondent** each file a *Declaration Regarding Service* (form FL-141) with the court saying disclosures were served. If the **respondent** does not serve disclosures, the **petitioner** can still finish the case without them. For more information, see “Fill Out and Serve Your Financial Declaration of Disclosure Forms” at [courts.ca.gov/filing](http://courts.ca.gov/filing) (click on Step 4).

## STEP 4. Finish the Divorce or Legal Separation Case in One of Four Ways

### Respondent does not file a *Response* (called “default”)

**No Response and NO written agreement:** Petitioner waits 30 days after Step 2 is complete and prepares a proposed *Judgment* (form FL-180), together with all other needed forms. See “True Default Case” at [courts.ca.gov/truedefault](http://courts.ca.gov/truedefault).

**No Response BUT written agreement:** Petitioner attaches the signed and notarized agreement to the proposed *Judgment* (form FL-180), together with all other needed forms. See “Default Case with Written Agreement” at [courts.ca.gov/defaultagree](http://courts.ca.gov/defaultagree).

### Respondent files a *Response*

**Response AND written agreement:** Either party files *Appearance, Stipulations, and Waivers* (form FL-130) and the proposed *Judgment* with written agreement attached and other needed forms. See “Uncontested Case” at [courts.ca.gov/uncontested](http://courts.ca.gov/uncontested).

**Response and NO agreement:** Parties must go to trial to have a judge resolve the issues. See “Contested Case” at [courts.ca.gov/contested](http://courts.ca.gov/contested).

## IMPORTANT NOTICES

- The earliest you can be divorced is six months and one day from one of these three dates (whichever occurs first): (1) the date Respondent was served with the *Summons* (form FL-110) and *Petition* (form FL-100), (2) the date the *Response* (form FL-120) was filed, or (3) the date *Appearance, Stipulations, and Waivers* (form FL-130) was filed. Legal separation has no waiting period. You are NOT divorced or legally separated until the court enters a *Judgment* in your case.
- If you need court orders for child support, custody, parenting time (visitation), spousal or partner support, restraining orders, or other issues, file a *Request for Order* (form FL-300) asking for temporary orders. See “Request for Order Information” at [courts.ca.gov/divorcerequests](http://courts.ca.gov/divorcerequests) for more information.
- Annulments: See [courts.ca.gov/annulment](http://courts.ca.gov/annulment) for information about annulments.
- You must keep the court and the other party informed of any change in your mailing address or other contact information. File and serve a *Notice of Change of Address or Other Contact Information* (form MC-040) on the other party or his or her attorney to let them know about the change in your contact information.

## FL-107-INFO Legal Steps for a Divorce or Legal Separation

**Do you have a registered domestic partnership?** The process for a divorce or legal separation of a domestic partnership is the same as on page 1. For information about ending your domestic partnership in the superior court, see [courts.ca.gov/filing](http://courts.ca.gov/filing). To find out if you are eligible to end your domestic partnership through the Secretary of State, see [courts.ca.gov/summdissodp](http://courts.ca.gov/summdissodp). Note: There may be differences in federal taxes and other issues for domestic partnerships. Seek advice from an attorney experienced in domestic partner law.

**What if you want a legal separation?** The process on page 1 is the same, except you will NOT get a *Judgment* for legal separation unless both parties agree to a legal separation OR if respondent has not filed a *Response*. If both parties agree to be legally separated but do not agree on other issues, the parties must go to trial to have a judge resolve those issues. You are NOT legally separated until you receive a *Judgment* signed by the court. For more information, see "Legal Separation" at [courts.ca.gov/legalseparation](http://courts.ca.gov/legalseparation). AFTER the court enters a judgment for legal separation, if you decide you want a divorce, you must start a new case to request a divorce and pay another filing fee.

### Getting help to resolve divorce or legal separation cases

You may prefer to resolve some or all of the issues in your divorce or legal separation case without having the court decide for you. You and your spouse or domestic partner can put your agreement in writing and file it in your case. But your agreement must follow all legal requirements.

#### Court Services

- **Family Law Facilitators and Self-Help Centers** help with court forms and instructions. They can provide samples of agreements and other information and, in some cases, help with mediation.
- **Family Court Services.** If you and the other parent already have a family law case and have filed a *Request for Order* (form FL-300) seeking orders about child custody and visitation (parenting time), the court will refer you to Family Court Services. They provide child custody mediation or child custody recommending counseling to try to help you both make a parenting plan that is in the best interest of your child. Note: They cannot help with financial issues.
- **Settlement Conferences.** An informal process in which a judge or an experienced lawyer meets with the parties and their lawyers to discuss the case and their positions and suggests a resolution. The parties can either agree to the suggestions or use the suggestions to help in further settlement discussions.

#### Private services (which you can hire to help you resolve your case):

- **Lawyers.** Also called attorneys, lawyers can help work out agreements between the parties and represent you at court hearings and trials.
- **Collaborative Lawyers.** Lawyers who represent each party but do not go to court. They try to reach an agreement. If court is necessary, the parties must hire new lawyers.
- **Mediators.** A lawyer or counselor who helps the parties communicate to explore options and reach a mutually acceptable resolution.

#### Where can I get help?

This information sheet gives you only basic information on the divorce or legal separation and is not legal advice. If you want legal advice, ask a lawyer for help. You may also:

- Contact the family law facilitator or self-help center in your court for information, court forms, and referrals to local legal resources. For more information, see [courts.ca.gov/courtresources](http://courts.ca.gov/courtresources).
- Find a lawyer through a certified lawyer referral service on the State Bar of California's website: [calbar.ca.gov/LRS](http://calbar.ca.gov/LRS) or by calling 866-442-2529 (toll-free).
- Hire a private mediator. For more information about court and private services, see [courts.ca.gov/selfhelp-adr.htm](http://courts.ca.gov/selfhelp-adr.htm).
- Find information on the California Courts Online Self-Help Center website: [courts.ca.gov/selfhelp](http://courts.ca.gov/selfhelp).
- Find free and low-cost legal help (if you qualify) at [lawhelpcalifornia.org](http://lawhelpcalifornia.org).
- Find information at your local law library or public library.

#### What if there is domestic violence?

If there is domestic violence or a protective or restraining order, talk to a lawyer, counselor, or mediator before making agreements.

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



PETITIONER: RESPONDENT:	CASE NUMBER:
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**Petitioner requests that the court make the following orders:**

**5. LEGAL GROUNDS** (Family Code sections 2200–2210, 2310–2312)

- a.  Divorce or  Legal separation of the marriage or domestic partnership based on (*check one*):
  - (1)  irreconcilable differences.
  - (2)  permanent legal incapacity to make decisions.
- b.  Nullity of void marriage or domestic partnership based on
  - (1)  incest.
  - (2)  bigamy.
- c.  Nullity of voidable marriage or domestic partnership based on
  - (1)  petitioner's age at time of registration of domestic partnership or marriage.
  - (2)  prior existing marriage or domestic partnership.
  - (3)  unsound mind.
  - (4)  fraud.
  - (5)  force.
  - (6)  physical incapacity.

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

	Petitioner	Respondent	Joint	Other
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- a. Legal custody of children to .....
- b. Physical custody of children to .....
- c. Child visitation (parenting time) be granted to .....

As requested in  form FL-311       form FL-312       form FL-341(C)  
 form FL-341(D)       form FL-341(E)       Attachment 6c(1)

**7. CHILD SUPPORT**

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

**8. SPOUSAL OR DOMESTIC PARTNER SUPPORT**

- a.  Spousal or domestic partner support payable to  Petitioner       Respondent
- b.  Terminate (end) the court's ability to award support to  Petitioner       Respondent
- c.  Reserve for future determination the issue of support payable to  Petitioner       Respondent
- d.  Other (*specify*):

**9. SEPARATE PROPERTY**

- a.  There are no such assets or debts that I know of to be confirmed by the court.
- b.  Confirm as separate property the assets and debts in  *Property Declaration* (form FL-160).  *Attachment 9b*.  
 the following list.      Item      Confirm to

PETITIONER: RESPONDENT:	CASE NUMBER:
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**10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**

- a.  There are no such assets or debts that I know of to be divided by the court.
- b.  Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
  - in *Property Declaration* (form FL-160)       in *Attachment 10b*.
  - as follows (*specify*):

**11. OTHER REQUESTS**

- a.  Attorney's fees and costs payable by     Petitioner     Respondent
- b.  Petitioner's former name be restored to (*specify*):
- c.  Other (*specify*):

Continued on Attachment 11c.

**12. 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)

**FOR MORE INFORMATION:** Read *Legal Steps for a Divorce or Legal Separation* (form FL-107-INFO) and visit "Families Change" at [www.familieschange.ca.gov](http://www.familieschange.ca.gov) — an online guide for parents and children going through divorce or separation.

**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, spousal or partner support.

**NOTICE—CANCELLATION OF RIGHTS:** Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or 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 domestic partner or spouse as beneficiary of the other partner's or spouse'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. Some changes may require the agreement of your partner or spouse or a court order.

**SUMMONS (Family Law)**

**CITACIÓN (Derecho familiar)**

**NOTICE TO RESPONDENT (Name):**

**AVISO AL DEMANDADO (Nombre):**

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

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

**Petitioner's name is:  
Nombre del demandante:**

**CASE NUMBER (NÚMERO DE CASO):**

<p>You have <b>30 calendar days</b> after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form <b>FL-120</b>) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p> <p>If you do not file your <i>Response</i> 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.</p> <p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (<a href="http://www.courts.ca.gov/selfhelp">www.courts.ca.gov/selfhelp</a>), at the California Legal Services website (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>), or by contacting your local county bar association.</p>	<p><b>Tiene 30 días de calendario</b> después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario <b>FL-120</b>) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p> <p>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.</p> <p>Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (<a href="http://www.sucorte.ca.gov">www.sucorte.ca.gov</a>), en el sitio web de los Servicios Legales de California (<a href="http://www.lawhelpca.org">www.lawhelpca.org</a>) o poniéndose en contacto con el colegio de abogados de su condado.</p>
<p><b>NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:</b> These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.</p>	<p><b>AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2:</b> Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.</p>
<p><b>FEE WAIVER:</b> If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p><b>EXENCIÓN DE CUOTAS:</b> Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.</p>

(SEAL)

- The name and address of the court are (*El nombre y dirección de la corte son*):  
Trinity County Superior Court  
PO Box 1258, 11 Court Street  
Weaverville, CA 96093
- 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*)

**STANDARD FAMILY LAW RESTRAINING ORDERS**

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

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children 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 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.

**NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE:** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**WARNING—IMPORTANT INFORMATION**  
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.

**ÓRDENES DE RESTRICCIÓN ESTÁNDAR 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, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin 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, 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, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y*
4. *crear o modificar una transferencia no testamentaria de manera que afecte la asignación 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 hábiles 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 que lo ayude o para pagar los costos de la corte.*

**AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:** ¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**ADVERTENCIA—INFORMACIÓN IMPORTANTE**  
*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 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.*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	CASE NUMBER: _____

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a.  Family Law—Marriage/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
  - or-
  - b.  Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
  - or-
  - c.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
  - and
  - d.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)      (5)  Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (2)  Completed and blank *Declaration of Disclosure* (form FL-140)      (6)  Completed and blank *Property Declaration* (form FL-160)
  - (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142)      (7)  *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
  - (4)  Completed and blank *Income and Expense Declaration* (form FL-150)      (8)  Other (specify): \_\_\_\_\_

2. Address where respondent was served:

3. I served the respondent by the following means (check proper boxes):

- a.  **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_
- b.  **Substituted service.** I left the copies with or in the presence of (name): \_\_\_\_\_ who is (specify title or relationship to respondent): \_\_\_\_\_
  - (1)  **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed 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.
 on (date): \_\_\_\_\_ at (time): \_\_\_\_\_

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_

A declaration of diligence is attached, stating the actions taken to first attempt personal service.

PETITIONER: RESPONDENT:	CASE NUMBER:
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3. c.  **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on *(date)*: \_\_\_\_\_ from *(city)*: \_\_\_\_\_
- (1)  with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2)  to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d.  **Other** (*specify code section*): \_\_\_\_\_
- Continued on Attachment 3d.

4. **Person who served papers**

Name:  
 Address:

Telephone number:

This person is

- a.  exempt from registration under Business and Professions Code section 22350(b).
- b.  not a registered California process server.
- c.  a registered California process server:  an employee or  an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_

d. The fee for service was (*specify*): \$ \_\_\_\_\_

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

—or—

6.  I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

Date:

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER:  RESPONDENT:	
<b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT</b>	CASE NUMBER: _____

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

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

**NOTICE**

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

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

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

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

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

**ACKNOWLEDGMENT OF RECEIPT**

4. I agree I received the following:

- a.  Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
- b.  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)
- c.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- d.  (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 *Property Declaration* (form FL-160)
- (5)  Completed and blank *Income and Expense Declaration* (form FL-150)
- (6)  Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (7)  *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
- (8)  Other (specify): \_\_\_\_\_

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

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

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



PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Trinity STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville CA, 96093 BRANCH NAME:		
PETITIONER: RESPONDENT:		
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership		CASE NUMBER:

1. **LEGAL RELATIONSHIP** (check all that apply):
  - a.  We are married.
  - b.  We are domestic partners and our domestic partnership was established in California.
  - c.  We are domestic partners and our domestic partnership was NOT established in California.
2. **RESIDENCE REQUIREMENTS** (check all that apply):
  - a.  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 a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
  - b.  Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
  - c.  We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.  
 Petitioner lives in (specify): \_\_\_\_\_ Respondent lives in (specify): \_\_\_\_\_
3. **STATISTICAL FACTS**
  - a.  (1) Date of marriage (specify): \_\_\_\_\_ (2) Date of separation (specify): \_\_\_\_\_  
 (3) Time from date of marriage to date of separation (specify): \_\_\_\_\_ Years \_\_\_\_\_ Months
  - b.  (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): \_\_\_\_\_  
 (2) Date of separation (specify): \_\_\_\_\_  
 (3) Time from date of registration of domestic partnership to date of separation (specify): \_\_\_\_\_ Years \_\_\_\_\_ Months
4. **MINOR CHILDREN**
  - a.  There are no minor children.
  - b.  The minor children are:
 

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
(1) <input type="checkbox"/> continued on Attachment 4b.			
(2) <input type="checkbox"/> a child who is not yet born.			
  - c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
  - d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
  - e.  Petitioner and Respondent signed a voluntary declaration of paternity. A copy  is  is not attached.



PETITIONER: RESPONDENT:	CASE NUMBER:
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**10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**

- a.  There are no such assets or debts that I know of to be divided by the court.
- b.  Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
  - in *Property Declaration* (form FL-160).       in *Attachment 10b*.
  - as follows (*specify*):

**11. OTHER REQUESTS**

- a.  Attorney's fees and costs payable by  Petitioner     Respondent
- b.  Respondent's former name be restored to (*specify*):
- c.  Other (*specify*):

Continued on *Attachment 11c*.

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)

**FOR MORE INFORMATION:** Read *Legal Steps for a Divorce or Legal Separation* (form FL-107-INFO) and visit "Families Change" at [www.familieschange.ca.gov](http://www.familieschange.ca.gov) — an online guide for parents and children going through divorce or separation.

**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, spousal or partner support.

**NOTICE—CANCELLATION OF RIGHTS:** Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or 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 domestic partner or spouse as beneficiary of the other partner's or spouse'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. Some changes may require the agreement of your partner or spouse or a court order.

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

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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the 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																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Period of residence</th> <th style="width:30%;">Address</th> <th style="width:30%;">Person child lived with (name and complete current address)</th> <th style="width:20%;">Relationship</th> </tr> <tr> <td style="text-align: center;">to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> </table>	Period of residence	Address	Person child lived with (name and complete current address)	Relationship	to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> 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)												
Period of residence	Address	Person child lived with (name and complete current address)	Relationship																												
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> 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)																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">b. Child's name</th> <th style="width:20%;">Place of birth</th> <th style="width:20%;">Date of birth</th> <th style="width:20%;">Sex</th> </tr> <tr> <td colspan="4" style="padding: 5px;"> <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)                 </td> </tr> <tr> <th style="width:20%;">Period of residence</th> <th style="width:30%;">Address</th> <th style="width:30%;">Person child lived with (name and complete current address)</th> <th style="width:20%;">Relationship</th> </tr> <tr> <td style="text-align: center;">to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> </table>	b. Child's name	Place of birth	Date of birth	Sex	<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				Period of residence	Address	Person child lived with (name and complete current address)	Relationship	to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> 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																												
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)																															
Period of residence	Address	Person child lived with (name and complete current address)	Relationship																												
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> 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:
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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. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

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

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

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  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child	b. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child	c. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  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.**

CASE NAME:  	CASE NUMBER:  
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**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence  to present	Present address  <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)  <input type="checkbox"/> Confidential		Relationship
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)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence  to present	Address  <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)  <input type="checkbox"/> Confidential		Relationship
to	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)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence  to present	Address  <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)  <input type="checkbox"/> Confidential		Relationship
to	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)		

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Trinity STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville CA, 96093 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	
CASE NUMBER:	

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C	-	D	=	E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
							PETITIONER	RESPONDENT
1. REAL ESTATE		\$		\$		\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES								
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.								
4. VEHICLES, BOATS, TRAILERS								
5. SAVINGS ACCOUNTS								
6. CHECKING ACCOUNTS								

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	PETITIONER RESPONDENT
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS		\$		\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS								

A		B	C	D	
ITEM NO.	DEBTS— SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER      RESPONDENT	
19.	STUDENT LOANS		\$	\$	\$
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS—UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS				

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

## INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

*Property Declaration* (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition or Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

**When filing a *Property Declaration* with the court, do not include private financial documents listed below.**

### Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

### Description of the Property Declaration chart

*Pages 1 and 2*

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

*Page 3*

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

### When using this form only as an attachment to a *Petition or Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

### When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
  - (a) For real estate (item 1): deeds with legal descriptions and the latest lender's statement.
  - (b) For vehicles, boats, trailers (item 4): the title documents.
  - (c) For all bank accounts (item 5, 6, 7): the latest statement.
  - (d) For life insurance policies with cash surrender or loan value (item 10): the latest declaration page.
  - (e) For stocks, bonds, secured notes, mutual funds (item 11): the certificate or latest statement.
  - (f) For retirement and pensions (item 12): the latest summary plan document and latest benefit statement.
  - (g) For profit-sharing, IRAs, deferred compensation, and annuities (item 13): the latest statement.
  - (h) For each account receivable and unsecured note (item 14): documentation of the account receivable or note.
  - (i) For partnerships and other business interests (item 15): the most current K-1 and Schedule C.
  - (j) For other assets (item 16): the most current statement, title document, or declaration.
  - (k) For support arrearages (item 21): orders and statements.
  - (l) For credit cards and other debts (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

**When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)**  
Complete all columns on the form.

**For more information** about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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- PETITIONER'S     RESPONDENT'S  
 COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION  
 SEPARATE PROPERTY DECLARATION

	A	B	C	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED <i>(mm/dd/yyyy)</i>	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	\$	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER    RESPONDENT	
			\$	\$	\$	\$	\$	\$

A		B	C	D	
ITEM NO.	DEBTS-- SHOW TO WHOM OWED	DATE INCURRED	AMOUNT OF DEBT	PROPOSAL FOR DIVISION Award or Confirm to:	
			\$	PETITIONER	RESPONDENT
				\$	\$

**THIS FORM SHOULD NOT BE FILED WITH THE COURT**

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :	TELEPHONE NO:
ATTORNEY FOR <i>(Name)</i> :	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY	
PETITIONER:	
RESPONDENT:	
<p align="center"><b>SCHEDULE OF ASSETS AND DEBTS</b></p> <input type="checkbox"/> Petitioner's <input type="checkbox"/> 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 <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i>			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

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

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 <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	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)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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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) <input type="checkbox"/> currently receiving .....  | \$ _____   | _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....  | \$ _____   | _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....                    | \$ _____   | _____           |
| g. Pension/retirement fund payments .....  | \$ _____   | _____           |
| h. Social security retirement (not SSI) .....  | \$ _____   | _____           |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> 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, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) ..... | \$ _____ | _____ |

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**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.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- |  |   |
|--|---|
| <p><b>a. Home:</b></p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) .. \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b>      \$ _____</p> </div> <p>s. Amount of expenses paid by others      \$ _____</p> |
|--|---|

**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:
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**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):**

Your name and address or attorney's name and address:    ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>          CASE NUMBER:
FINANCIAL STATEMENT (SIMPLIFIED)		

**NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.**

1. a.  My only source of income is TANF, SSI, or GA/GR.  
 b.  I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship \_\_\_\_\_ %
3. a. The children from this relationship are with me this amount of time \_\_\_\_\_ %  
 b. The children from this relationship are with the other parent this amount of time \_\_\_\_\_ %  
 c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary):
4. My tax filing status is:  single  married filing jointly  head of household  married filing separately.
5. My current gross income (before taxes) per month is \_\_\_\_\_ \$

This income comes from the following:

<b>Attach 1</b>	<input type="checkbox"/>	Salary/wages: Amount before taxes per month	\$	
<b>copy of pay stubs for last 2 months here (cross out social security numbers)</b>	<input type="checkbox"/>	Retirement: Amount before taxes per month	\$	
	<input type="checkbox"/>	Unemployment compensation: Amount per month	\$	
	<input type="checkbox"/>	Workers' compensation: Amount per month	\$	
	<input type="checkbox"/>	Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month	\$	
	<input type="checkbox"/>	Disability: Amount per month	\$	
	<input type="checkbox"/>	Interest income ( from bank accounts or other): Amount per month	\$	

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
  - a.  Day care or preschool to allow me to work or go to school \_\_\_\_\_ \$
  - b.  Health care not paid for by insurance \_\_\_\_\_ \$
  - c.  School, education, tuition, or other special needs of the child \_\_\_\_\_ \$
  - d.  Travel expenses for visitation \_\_\_\_\_ \$
7.  There are (specify number) \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are \_\_\_\_\_ \$
8. I spend the following average monthly amounts (please attach proof):
  - a.  Job-related expenses that are not paid by my employer (specify reasons for expenses on separate sheet) \_\_\_\_\_ \$
  - b.  Required union dues \_\_\_\_\_ \$
  - c.  Required retirement payments (not social security, FICA, 401k or IRA) \_\_\_\_\_ \$
  - d.  Health insurance costs \_\_\_\_\_ \$
  - e.  Child support I am paying for other minor children of mine who are not living with me \_\_\_\_\_ \$
  - f.  Spousal support I am paying because of a court order for another relationship \_\_\_\_\_ \$
  - g.  Monthly housing costs:  rent or  mortgage \_\_\_\_\_ \$  
 If mortgage: interest payments \$ \_\_\_\_\_ real property taxes \$ \_\_\_\_\_

9. Information concerning  my current employment  my most recent employment:

Employer:  
 Address:  
 Telephone number:  
 My occupation:  
 Date work started:  
 Date work stopped (if applicable): \_\_\_\_\_

What was your gross income (before taxes) before work stopped?: \_\_\_\_\_

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13.  I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

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)
		<input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> RESPONDENT/DEFENDANT

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Salary or wages
  - Disability
  - Unemployment
  - Interest
  - Workers' compensation
  - Social security
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>DECLARATION OF DISCLOSURE</b> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER: _____

**DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT**

*In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).*

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- ~~*In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*~~
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

*The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).*

**Attached are the following:**

1.  A completed *Schedule of Assets and Debts* (form FL-142) or  A *Property Declaration* (form FL-160) for (specify):  
 Community and Quasi-Community Property     Separate Property.
2.  A completed *Income and Expense Declaration* (form FL-150).
3.  All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4.  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*).
5.  A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6.  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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  	
TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> 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), current\* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:  
 the other party     the other party's attorney by  personal service     mail  
 Other (specify): \_\_\_\_\_  
 on (date): \_\_\_\_\_
  
3.  Petitioner's  Respondent's Final Declaration of Disclosure (form FL-140), current\* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:  
 the other party     other party's attorney 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.) (Form FL-144 may be used for this purpose.) The waiver  was filed on (date): \_\_\_\_\_  
 is being filed at the same time as this form.
  - b.  The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date): \_\_\_\_\_
  - c.  This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final 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 5.260.)

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.

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           CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: OTHER: _____	
<b>STIPULATION AND WAIVER OF FINAL DECLARATION OF DISCLOSURE</b>	

1. Under Family Code section 2105(d), the parties agree to waive the requirements of Family Code section 2105(a) concerning the final declaration of disclosure.

2. The parties agree as follows:

- a. We have complied with Family Code section 2104, and the preliminary declarations of disclosure have been completed and exchanged.
- b. We have completed and exchanged a current *Income and Expense Declaration* (form FL-150) that includes all material facts and information on each party's earnings, accumulations, and expenses.
- c. We have fully complied with Family Law section 2102 and have fully augmented the preliminary declarations of disclosure, including disclosure of all material facts and information on
  - (1) the characterization of all assets and liabilities,
  - (2) the valuation of all assets that are community property or in which the community has an interest, and
  - (3) the amounts of all community debts and obligations.
- d. Each of the parties enters into this waiver knowingly, intelligently, and voluntarily.
- e. Each party understands that this waiver does not limit the legal disclosure obligations of the parties but rather is a statement under penalty of perjury that those obligations have been fulfilled.
- f. The parties also understand that if they do not comply with these obligations, the court will set aside the judgment.

The petitioner and respondent 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)

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

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

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           CASE NUMBER: _____
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER: _____  RESPONDENT: _____	
<b>REQUEST TO ENTER DEFAULT</b>	

- To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
- 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):
  - there have been no changes since the previous filing.
  - the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
  - there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
  - the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
  - there are no issues of division of community property.
  - this is an action to establish parental relationship.

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

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

**3. Declaration**

- No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- 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	
<input type="checkbox"/>	<i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date):
<input type="checkbox"/>	Default entered as requested on (date):
<input type="checkbox"/>	Default not entered. Reason:
Clerk, by _____, Deputy	

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

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 TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER:  RESPONDENT:	
<b>DECLARATION FOR DEFAULT OR UNCONTESTED</b> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> 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:
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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 attorney 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:
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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)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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**SPOUSAL OR PARTNER SUPPORT DECLARATION ATTACHMENT**

- Declaration for Default or Uncontested Judgment (form FL-170)   
  Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)  
 Other (specify):

1. **Spousal or domestic partner support.** I request that the court (check all that apply):

- a.  Enter a judgment for spousal or domestic partner support for  Petitioner  Respondent.  
 b.  Modify the judgment for spousal or domestic partner support for  Petitioner  Respondent.  
 c.  Deny the request to modify the judgment for spousal or domestic partner support.  
 d.  Terminate jurisdiction to award spousal or domestic partner support to  Petitioner  Respondent.

2.  **Attorney fees and costs.** I request that the court (check one):

- a.  Order my attorney fees and costs to be paid by  my spouse or domestic partner  a joined party (specify):  
 b.  Deny the request for attorney fees and costs.

3. The facts in support of my request are:

a. **Family Code section 4320(a)(1)**

(1) The supported party has the following training, job skills, and work history:

(2) The current job market for the job skills of the supported party described in item 3a(1) is:

(3) The supported party would need the following time and expense to acquire the education or training to develop the job skills described in item 3a(1):

(4) To develop other, more marketable job skills or employment, the supported party would need the following retraining or education:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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3. Facts in support of request.

b. **Family Code section 4320(a)(2)**

Provide any facts that indicate the supported party's earning ability is, or is not, lower than it might be if he or she had not had periods of unemployment because of the time needed to attend to domestic duties (*explain*):

c. **Family Code section 4320(b)**

Provide any facts that indicate that the supported party contributed to the education, training, career position, or license of the supporting party.

d. **Family Code section 4320(c)**

(1) The supporting party  does  does not have the ability to pay spousal or domestic partner support.

(2) The supporting party's current gross income from employment or self-employment is (*specify*):

(3) The supporting party's current income from investments, retirement, other sources is (*specify*):

(4) The supporting party's current assets and their values and balances are (*specify*):

(5) The supporting party's standard of living is (*describe, for example, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse*):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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3. Facts in support of request.

e. **Family Code section 4320(d)**

The supported party  does  does not need support to maintain the standard of living we enjoyed during the marriage or domestic partnership.

f. **Family Code Section 4320(e)**

(1) The supported party's assets and obligations, including separate property, are *(list values and balances)*:

(2) The supporting party's assets and obligations, including separate property, are *(list values and balances)*:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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3. Facts in support of request.

g. **Family Code section 4320(f)**

Length of marriage or domestic partnership (*specify*):

h. **Family Code section 4320(g)**

Provide any facts indicating whether or not the supported party is able to work without unduly interfering with the interests of the children in his or her care (*describe*):

i. **Family Code section 4320(h)**

- (1) Petitioner's age is (*specify*): \_\_\_\_\_ Respondent's age is (*specify*): \_\_\_\_\_
- (2) Petitioner's current health condition is (*describe*): \_\_\_\_\_
- (3) Respondent's current health condition is (*describe*): \_\_\_\_\_

j. **Additional factors (Family Code sections 4320(l)-(n))**

The court will also consider the following factors before making a judgment for spousal or domestic partner support:

- (1) Any documented evidence of domestic violence between the parties as defined in Family Code section 6211.
- (2) The immediate and specific tax consequences for each party;
- (3) The balance of the hardships on each party;
- (4) The criminal conviction of an abusive spouse in reducing or eliminating support in accordance with Family Code section 4325;
- (5) The goal that the supported party will be self-supporting within a reasonable period of time; and
- (6) Any other factors the court determines are just and equitable.

Describe below any additional information that will assist the court in considering the above factors:

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 TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER:  RESPONDENT:	
<b>JUDGMENT CHECKLIST— DISSOLUTION/LEGAL SEPARATION</b>	CASE NUMBER: _____

This judgment checklist is a list of documents that a court may require to complete a default or uncontested judgment. The checklist may be filed along with your judgment, but is not required. If the forms or other documents have already been filed, you should check the boxes indicating that they have been previously filed. Unless listed otherwise on this form, when you file a document with the court, you should submit an original and 2 copies. One copy is for you and one is for the other party. There are three types of default and uncontested judgments:

- ~~Default With No Agreement (no response and no written agreement)~~
- **Default With Agreement (no response, but there is a written agreement)**
- **Uncontested Case (response filed, or other appearance by respondent, and a written agreement)**

1.  **DEFAULT WITH NO AGREEMENT (no response and no written agreement)**  
 (Please check the box by each document being filed) Previously Filed
- a.  Proof of Service of Summons (form FL-115) or other proof of service
- b.  Request to Enter Default (form FL-165), with a stamped envelope addressed to respondent and the court clerk's address as the return address
- c.  Petitioner's Declaration Regarding Service of Declaration of Disclosure (form FL-141)
- d.  Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170)
- e.  Judgment (form FL-180) (5 copies)
- f.  Notice of Entry of Judgment (form FL-190)
- g.  2 stamped envelopes of sufficient size and with sufficient postage to return the Judgment and Notice of Entry of Judgment, one envelope addressed to petitioner and the other to respondent.
- If there are minor children of the marriage or domestic partnership:**
- h.  Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105). (A new form must be filed if there have been any changes since the one most recently filed.)
- i.  Petitioner's Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155). (Needed unless one has been filed within the past 90 days and there have been no changes since then.)
- j.  Computer printout of guideline child support (optional)
- k.  Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order (form FL-192). This may be attached by the petitioner or by the court.

PETITIONER:  RESPONDENT:	CASE NUMBER:
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Previously Filed

- l.  Child Support Order
  - Stipulation to Establish or Modify Child Support and Order (form FL-350) (attach to Judgment), or
  - Child Support Information and Order Attachment (form FL-342) (attach to Judgment), or
  - Written agreement containing declarations required by Family Code section 4065(a) (attach to Judgment)
- m.  Income Withholding for Support (form FL-195/OMB No. 0970-0154)
- n.  Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341) or other proposed written order containing the information required by Family Code 3048(a) (attach to Judgment)

**If spousal/partner support is requested, the marriage/partnership is over 10 years in duration, or termination of spousal/partner support for the respondent is requested:**

- o.  Spousal or Partnership Support Declaration Attachment (form FL-157)
- p.  Income and Expense Declaration (form FL-150) (Needed unless a current financial declaration has been filed within the past 90 days and there have been no changes since then.)
- q.  Spousal, Partner, or Family Support Order Attachment (form FL-343) or other proposed written order (attach to Judgment)

**If assets or debts need to be divided or assigned:**

- r.  Property Declaration (form FL-160)
- s.  Property Order Attachment to Judgment (form FL-345) or other proposed written order (attach to Judgment)

**If attorney fees and costs are requested:**

- t.  Request for Attorney Fees and Costs (form FL-319)
- u.  Attorney Fees and Costs Order Attachment (form FL-346) or other proposed written order (attach to Judgment)

**2.  DEFAULT WITH AGREEMENT (no response and a written agreement)**

- a.  Proof of Service of Summons (form FL-115) or other proof of service
- b.  Request to Enter Default (form FL-165), with a stamped envelope addressed to respondent and the court clerk's address as the return address
- c.  Petitioner's Declaration Regarding Service of Declaration of Disclosure (form FL-141) (preliminary)
- d. Declaration Regarding Service of Final Declaration of Disclosure
  - Petitioner's Declaration Regarding Service of Declaration of Disclosure (form FL-141) (final) or
  - Stipulation and Waiver of Final Declaration of Disclosure (form FL-144) or
  - Separately filed waiver or waiver included in a written agreement under Family Code section 2105(d)
- e.  Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170)
- f.  Written agreement of the parties. Respondent's signature on the agreement must be notarized. (attach to Judgment.)
- g.  Judgment (form FL-180) (5 copies)
- h.  Notice of Entry of Judgment (form FL-190)
- i.  2 stamped envelopes of sufficient size and with sufficient postage to return the Judgment and Notice of Entry of Judgment, one envelope addressed to petitioner and the other to respondent

**If there are minor children of the marriage or domestic partnership:**

- j.  Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105). (A new form must be filed if there have been any changes since the one most recently filed.)
- k.  Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155). (Needed unless one has been filed within the past 90 days and there have been no changes since then.)

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

Previously Filed

- l.  Computer printout of guideline child support (*optional*).
- m.  *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192). This may be attached by the petitioner or by the court.
- n. Child Support Order
  - Stipulation to Establish or Modify Child Support and Order* (form FL-350) (*attach to Judgment*), or
  - Child Support Information and Order Attachment* (form FL-342) (*attach to Judgment*), or
  - Written agreement containing declarations required by Family Code section 4065(a) (*attach to Judgment*)
- o.  *Income Withholding for Support* (form FL-195/OMB No. 0970-0154)
- p.  *Child Custody and Visitation Order Attachment* (form FL-341) or written agreement containing the information required by Family Code section 3048(a) (*attach to Judgment*)
  
- 3.  **UNCONTESTED CASE (Response filed, or other appearance by respondent, and a written agreement)**
  - a.  *Proof of Service of Summons* (form FL-115) or other proof of service if you want to use the date of service as the beginning of the six-month waiting period.
  - b.  *Appearance, Stipulations, and Waivers* (form FL-130)
  - c.  Respondent's filing fee, if first appearance, unless respondent has a fee waiver or is currently on active duty in the military
  - d.  *Declaration Regarding Service of Declaration of Disclosure (both petitioner's and respondent's preliminary)* (form FL-141)
  - ~~e.  *Declaration Regarding Service of Final Declaration of Disclosure*~~ 
    - Declaration Regarding Service of Declaration of Disclosure (both petitioner's and respondent's final)* (form FL-141), or
    - Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), or
    - Separately filed waiver or waiver included in a written agreement under Family Code section 2105(d)
  - f.  *Declaration for Default or Uncontested Dissolution or Legal Separation* (form FL-170)
  - g.  Written agreement of the parties (*attach to Judgment*)
  - h.  *Judgment* (form FL-180) (*5 copies*)
  - i.  *Notice of Entry of Judgment* (form FL-190)
  - j.  2 stamped envelopes of sufficient size and with sufficient postage to return the *Judgment* and *Notice of Entry of Judgment*, one envelope addressed to petitioner and the other to respondent

**If there are minor children of the marriage or domestic partnership:**

- k.  *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105).   
*(A new form must be filed if there have been any changes since the one most recently filed.)*
- l.  Computer printout of guideline child support (*optional*)
- m.  *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192). This may be attached by either party or by the court.
- n. Child Support Order
  - Stipulation to Establish or Modify Child Support and Order* (form FL-350) (*attach to Judgment*) or
  - Child Support Information and Order Attachment* (form FL-342) (*attach to Judgment*), or
  - Written agreement which includes declarations required by Family Code section 4065(a) (*attach to Judgment*)
- o.  *Income Withholding for Support* (form FL-195/OMB No. 0970-0154)
- p.  *Child Custody and Visitation Order Attachment* (form FL-341) or written agreement containing the information required by Family Code section 3048(a) (*attach to Judgment*)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
MARRIAGE OR PARTNERSHIP OF PETITIONER: RESPONDENT:	
<p style="text-align: center;"><b>JUDGMENT</b></p> <input type="checkbox"/> <b>DISSOLUTION</b> <input type="checkbox"/> <b>LEGAL SEPARATION</b> <input type="checkbox"/> <b>NULLITY</b> <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> 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.

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

5. Number of pages attached: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER  
 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.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT**

- TO  Findings and Order After Hearing (form FL-340)  Judgment (form FL-180)  Judgment (form FL-250)  
 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 (Fam. Code, §§ 3400–3465).
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.  **Child Custody.** Custody of the minor children of the parties is awarded as follows:

	<u>Legal custody to: (person who makes</u>	<u>Physical custody to:</u>
	<u>Birth Date</u>	<u>decisions about health, education, etc.) (person with whom child lives)</u>
	<u>Child's Name</u>	<u>decisions about health, education, etc.) (person with whom child lives)</u>

6.  **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party'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 child custody mediation or child custody recommending counseling at (specify date, time, and location):
  - d.  No Visitation (Parenting Time)
  - e.  Visitation (Parenting Time) for the  petitioner  respondent  other (name):  
will be as follows:

(1)  **Weekends starting (date):**

(Note: The first weekend of the month is the first weekend with a Saturday.)

1st  2nd  3rd  4th  5th weekend of the month

from \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

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

(a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  
 other parent/party having the initial fifth weekend, which starts (date):

(b)  The  petitioner  respondent  other parent/party will have the  
 fifth weekend in  odd  even numbered months.

**THIS IS A COURT ORDER.**



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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11.  **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.)
12.  **Additional custody provisions.** The parties 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.)
13.  **Joint legal custody.** The parties 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.)
14. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
15.  **Other (specify):**

**THIS IS A COURT ORDER.**

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**

<u>Child's name</u>	<u>Birth date</u>	<u>Age</u>	<u>Sex</u>
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**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**

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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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

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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER: RESPONDENT: OTHER:	
<b>STIPULATION AND ORDER FOR CUSTODY                  AND/OR VISITATION OF CHILDREN</b> <input type="checkbox"/> MODIFICATION	CASE NUMBER: _____

**The parties signing this stipulation agree that:**

1. This court has jurisdiction over the minor children because California is the children's home state.
2. The habitual residence of the children is the United States of America.
3. **The parties acknowledge they were advised that any violation of this order may result in civil or criminal penalties, or both.**
4. a. The parties stipulate that the attached document, dated (specify): \_\_\_\_\_ and consisting of (number): \_\_\_\_\_ pages is their custody and visitation agreement and request that it be made an order of the court, or
  - b. The parties stipulate that the attached forms  
 FL-341    FL-341(A)    FL-341(B)    FL-341(C)    FL-341(D)    FL-341(E)  
 are their agreement regarding custody and/or visitation of their children and request that they be made an order of the court.

Each party declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____	▶	(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)
Date: _____ (TYPE OR PRINT NAME)	▶	(SIGNATURE OF OTHER)
Date: _____ (TYPE OR PRINT NAME)	▶	(SIGNATURE OF ATTORNEY FOR OTHER)

**FINDINGS AND ORDER**

**THE COURT FINDS:**

1. This court has jurisdiction over the minor children because California is the children's home state.
2. The habitual residence of the children is the United States of America.
3. Both parties have been advised that any violation of this order may result in civil or criminal penalties, or both.

**THE COURT ORDERS:**

1. The agreement of the parties regarding custody and visitation  as set forth in the attached document dated (specify): \_\_\_\_\_ and consisting of (number): \_\_\_\_\_ pages or  set forth in the attached forms:  
 FL-341    FL-341(A)    FL-341(B)    FL-341(C)    FL-341(D)    FL-341(E)  
 is adopted as the order of the court and fully incorporated by reference herein.

Date: \_\_\_\_\_ \_\_\_\_\_ JUDICIAL OFFICER

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**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**
- |  |               |               |                      |
|--|---------------|---------------|----------------------|
|  | Gross monthly | Net monthly   | Receiving            |
| a. Each parent's monthly income is as follows: | <u>income</u> | <u>income</u> | <u>TANF/CalWORKS</u> |
| Petitioner/plaintiff: \$                       | \$            | \$            | <input type="text"/> |
| Respondent/defendant: \$                       | \$            | \$            | <input type="text"/> |
| Other parent: \$                               | \$            | \$            | <input type="text"/> |
- 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.

	<u>Petitioner/ plaintiff</u>	<u>Respondent/ defendant</u>	<u>Other parent</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> 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:
- |                     |                      |                       |                           |
|---------------------|----------------------|-----------------------|---------------------------|
| <u>Child's name</u> | <u>Date of birth</u> | <u>Monthly amount</u> | <u>Payable to (name):</u> |
|---------------------|----------------------|-----------------------|---------------------------|
- 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:
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**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.

<b>Total child support per month: \$</b>
--

**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:
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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.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**JOINT LEGAL CUSTODY ATTACHMENT**

- TO  Petition  Response  Request for Order  Responsive Declaration to Request for Order  
 Stipulation and Order for Custody and/or Visitation of Children  Findings and Order After Hearing or Judgment  
 Custody Order—Juvenile—Final Judgment  Other (specify):

**NOTICE!** In exercising joint legal custody, the parties may act alone, as long as the action does not conflict with any orders about the physical custody of the children. Use this form only if you want to ask the court to make orders specifying when the consent of both parties is required to exercise legal control of the children and the consequences for failing to obtain mutual consent.

1. The parties (specify):  Petitioner  Respondent  Other Parent/Party will have joint legal custody of the children.
2. In exercising joint legal custody, the parties will share in the responsibility and discuss in good faith matters concerning the health, education, and welfare of the children. The parties must discuss and consent in making decisions on the following matters:
  - a.  Enrollment in or leaving a particular private or public school or daycare center
  - b.  Beginning or ending of psychiatric, psychological, or other mental health counseling or therapy
  - c.  Participation in extracurricular activities
  - d.  Selection of a doctor, dentist, or other health professional (except in emergency situations)
  - e.  Participation in particular religious activities or institutions
  - f.  Out-of-country or out-of-state travel
  - g.  Other (specify):
3. If a party does not obtain the consent of the other party to those items in 2, which are granted as court orders:
  - a. He or she may be subject to civil or criminal penalties.
  - b. The court may change the legal and physical custody of the minor children.
  - c.  Other consequences (specify):
4.  Special decision making designation and access to children's records
  - a. The  petitioner  respondent  other parent/party will be responsible for making decisions regarding the following issues (specify):
  - b. Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
5.  Health-care notification.
  - a.  Each party must notify the other of the name and address of each health practitioner who examines or treats the children; such notification must be made within (specify number): \_\_\_\_\_ days of the first treatment or examination.
  - b.  Each party is authorized to take any and all actions necessary to protect the health and welfare of the children, including but not limited to consent to emergency surgical procedures or treatment. The party authorizing such emergency treatment must notify the other party as soon as possible of the emergency situation and of all procedures or treatment administered to the children.
  - c.  The parties are required to administer any prescribed medications for the children.
6.  School notification. Each party will be designated as a person the children's school will contact in the event of an emergency.
7.  Name. The parties will not change the last name of the children or have a different name used on the children's medical, school, or other records without the written consent of the other party.
8.  Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**CHILD ABDUCTION PREVENTION ORDER ATTACHMENT**

- TO  *Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341)*  
 *Custody Order—Juvenile—Final Judgment (form JV-200)*  
 *Other (specify):*

1. The court finds there is a risk that *(specify name of party):* \_\_\_\_\_ will take the child without permission because that party *(check all that apply):*
- a.  has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
  - b.  does not have strong ties to California.
  - c.  has done things that make it easy for him or her to take the children away without any permission, such as *(check all that apply):*
    - quit a job.  sold his or her home.
    - closed a bank account.  ended a lease.
    - sold or gotten rid of assets.  hidden or destroyed documents.
    - applied for a passport, birth certificate, or school or medical records.
    - Other *(specify):* \_\_\_\_\_
  - d.  has a history of *(check all that apply):*
    - domestic violence.
    - child abuse.
    - not cooperating with the other parent or party in parenting.
  - e.  has a criminal record.
  - f.  has family or emotional ties to another county, state, or foreign country.
- (NOTE: If item "f" is checked, at least one other factor must be checked, too.)**

**THE COURT ORDERS, to prevent the party in item 1 from taking the children without permission:**

- 2.  **Supervised visitation (parenting time).** The terms are *(check one):*  
 as specified on attached form FL-341(A)  as follows: \_\_\_\_\_
  
- 3.  **The party in item 1 must post a bond for \$** \_\_\_\_\_ **. The terms of the bond are *(specify):*** \_\_\_\_\_
  
- 4.  **The party in item 1 must not move from the following locations with the children** without permission in writing from the other parent or party or a court order:
  - Current residence  Current school district *(specify):* \_\_\_\_\_
  - This county  Other *(specify):* \_\_\_\_\_
  
- 5.  **The party in item 1 must not travel with the children out of *(check all that apply):***
  - this county.  the United States.
  - California.  Other *(specify):* \_\_\_\_\_
  
- 6.  **The party in item 1 must register this order in the state of *(specify):*** \_\_\_\_\_ **before the children can** travel to that state for visits.
  
- 7.  **The party in item 1 must not apply for a passport or any other vital document, such as a visa or birth certificate, that** can be used for travel.

**THIS IS A COURT ORDER.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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8.  The party in item 1 must turn in all the children's passports and other vital documents in the party's possession or control as specified below (List the documents that must be turned in. Include the details for turning in the documents to the court, one of the attorneys, the other party, or another person):
9.  The party in item 1 must give the other parent or party the following before traveling with the children:
- The children's travel itinerary
  - Copies of round-trip airline tickets
  - Addresses and telephone numbers where the children can be reached at all times
  - An open airline ticket for the other parent in case the children are not returned
  - Other (specify):
10.  The party in item 1 must notify the embassy or consulate of (specify country): \_\_\_\_\_ about this order and provide the court with proof of that notification within (specify number): \_\_\_\_\_ days.
11.  The party in item 1 must get a custody and visitation (parenting time) order equivalent to the most recent U.S. order before the children may travel to that country for visits. The court recognizes that foreign orders may be changed or enforced according to the laws of that country.
12.  Enforcing the order. The court authorizes any law enforcement officer to enforce this order. In this county, contact the Child Abduction Unit of the Office of the District Attorney at (phone number and address):
13.  Other orders (specify):
14. This order is valid in other states and in any country that has signed the Hague Convention on Child Abduction.

**NOTICE TO AUTHORITIES IN OTHER STATES AND COUNTRIES**

This court has jurisdiction to make child custody orders under California's Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, § 3400 et seq.) and the Hague Convention on Civil Aspects of International Child Abduction (42 U.S.C. § 11601 et seq.). If jurisdiction is based on other factors, they are listed above in item 13.

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

\_\_\_\_\_  
JUDICIAL OFFICER

**THIS IS A COURT ORDER.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT**

- TO  Petition  Response  Request for Order  Responsive Declaration to Request for Order  
 Stipulation and Order for Custody and/or Visitation of Children  Findings and Order After Hearing or Judgment  
 Custody Order—Juvenile—Final Judgment  Other (*specify*):

The additional provisions to physical custody apply to (*specify parties*):  Petitioner  Respondent  Other Parent/Party

1.  **Notification of parties' current address.**  Petitioner  Respondent  Other Parent/Party  
 must notify all parties within (*specify number*): \_\_\_\_\_ days of any change in his or her
  - a. address for  residence  mailing  work  e-mail
  - b. telephone/message number at  home  cell phone  work  the children's schools

The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.
  
2.  **Notification of proposed move of child.** Each party must notify the other (*specify number*): \_\_\_\_\_ days before any planned change in residence of the children. The notification must state, to the extent known, the planned address of the children, including the county and state of the new residence. The notification must be sent by certified mail, return receipt requested.
  
3.  **Child care.**
  - a.  The children must not be left alone without age-appropriate supervision.
  - b.  The parties must let each other know the name, address, and phone number of the children's regular child-care providers.
  
4.  **Right of first option of child care.** In the event any party requires child care for (*specify number*): \_\_\_\_\_ hours or more while the children are in his or her custody, the other party or parties must be given first opportunity, with as much prior notice as possible, to care for the children before other arrangements are made. Unless specifically agreed or ordered by the court, this order does not include regular child care needed when a party is working.
  
5.  **Canceled visitation (parenting time).**
  - a.  If the noncustodial party fails to arrive at the appointed time and fails to notify the custodial party that he or she will be late, then the custodial party need wait for only (*specify number*): \_\_\_\_\_ minutes before considering the visitation (parenting time) canceled.
  - b.  If the noncustodial party is unable to exercise visitation (parenting time) on a given occasion, he or she must notify the custodial party (*specify*):  
 at the earliest possible opportunity.  
 Other (*specify*): \_\_\_\_\_
  - c.  If the children are ill and unable to participate in the scheduled visitation (parenting time), the custodial party must give the noncustodial party (*specify*):  
 as much notice as possible.  
 A doctor's excuse.  
 Other (*specify*): \_\_\_\_\_
  
6.  **Phone contact between parties and children.**
  - a.  The children may have telephone access to the parties  and the parties may have telephone access to the children at reasonable times, for reasonable durations.
  - b.  The custodial parent must make the child available for the following scheduled telephone contact (*specify child's telephone contact with each party*): \_\_\_\_\_
  
  - c.  No party or any other third party may listen to, monitor, or interfere with the calls.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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7.  **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.
8.  **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).
9.  **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.
10.  **Alcohol or substance abuse.** The  petitioner  respondent  other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within (*specify number*): \_\_\_\_\_ hours before or during periods of time with the children  and may not permit any third party to do so in the presence of the children.
11.  **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.
12.  **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.
13.  **Third-party contact.**
- a.  The children will have no contact with (*specify name*):
- b.  The children must not be left alone in the presence of (*specify name*):
14.  **Children's clothing and belongings.**
- a.  Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
- b.  The children will be returned to the other party with the clothing and other belongings they had when they arrived.
15.  **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.
16.  **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.
17.  **Other (*specify*):**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT**

—This is not a court order—

TO  Petition  Response  Request for Order  Responsive Declaration to Request for Order  
 Other (specify):

1.  **Custody.** Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> (person who decides about health, education, etc.)	<u>Physical Custody to</u> (person with whom the child lives)
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2.  **Visitation (Parenting Time).**

**Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.**

- a.  Reasonable right of parenting time (visitation) to the party without physical custody (not appropriate in cases involving domestic violence).
- b.  See the attached \_\_\_\_\_-page document dated (specify date):
- c.  The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d.  No visitation (parenting time).
- e.  Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")

Petitioner's  Respondent's  Other Parent's/Party's parenting time (visitation) will be as follows:

(1)  **Weekends starting (date):**

(Note: The first weekend of the month is the first weekend with a Saturday.)

1st  2nd  3rd  4th  5th weekend of the month

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

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

(a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  other parent/party having the initial fifth weekend, which starts (date):

(b)  The  petitioner  respondent  other parent/party will have the fifth weekend in  odd  even numbered months.

(2)  **Alternate weekends starting (date):**

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

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

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

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

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

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3.  **Supervised visitation (parenting time).**
- a. **If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.**
- b.  The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider (form FL-324)* under Family Code § 3200.5.
- c. I request that (name): \_\_\_\_\_ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
- d. I request that the visitation (parenting time) be supervised by (name): \_\_\_\_\_ who is a  professional  nonprofessional supervisor. The supervisor's phone number is (specify): \_\_\_\_\_
- e. I request that any costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent; other parent/party: \_\_\_\_\_ percent.
4.  **Transportation for visitation (parenting time) and place of exchange.**
- a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- b.  Transportation to begin the visits will be provided by (name): \_\_\_\_\_
- c.  Transportation from the visits will be provided by (name): \_\_\_\_\_
- d.  The exchange point at the beginning of the visit will be (address): \_\_\_\_\_
- e.  The exchange point at the end of the visit will be (address): \_\_\_\_\_
- f.  During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
- g.  Other (specify): \_\_\_\_\_
5.  **Travel with children.** The  petitioner  respondent  other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a.  the state of California.
- b.  the following counties (specify): \_\_\_\_\_
- c.  other places (specify): \_\_\_\_\_
6.  **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.
7.  **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached  form FL-341(C)  
 Other (specify): \_\_\_\_\_
8.  **Additional custody provisions.** I request the additional orders regarding custody set out on the attached  form FL-341(D)  Other (specify): \_\_\_\_\_
9.  **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached  form FL-341(E)  Other (specify): \_\_\_\_\_
10.  **Other.** I request the following additional orders (specify): \_\_\_\_\_

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT**

TO  Petition  Response  Request for Order  Responsive Declaration to Request for Order  
 Stipulation and Order for Custody and/or Visitation of Children  Findings and Order After Hearing or Judgment  
 Visitation Order—Juvenile  Other (*specify*):

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.

**Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.**

Holidays	Times (from when to when) <i>(Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)</i>	Every Year <i>Petitioner/ Respondent/ Other Parent/Party</i>	Even Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>	Odd Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>
December 31 (New Year's Eve)				
January 1 (New Year's Day)				
Martin Luther King's Birthday (weekend)				
February 12 (Lincoln's Birthday)				
President's Day (Weekend)				
President's Week Recess, first half				
President's Week Recess, second half				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Summer Break:				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
November 11 (Veterans Day)				
Thanksgiving Day				
Thanksgiving weekend				
December/January School Break				
Child's birthday (date):				
Child's birthday (date):				
Child's birthday (date):				
Mother's birthday (date):				
Father's birthday (date):				
Other Parent's/Party's birthday (date):				
Breaks for year-round schools:				



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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<b>STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER</b>	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
       

<u>Child's name</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
Total: \$ _____ payable <input type="checkbox"/> on the first of the month <input type="checkbox"/> 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): \_\_\_\_\_

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____	CASE NUMBER: _____
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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: \_\_\_\_\_

\_\_\_\_\_  
 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)

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

**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/](http://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.

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

		<u>Total gross monthly income</u>	<u>Total monthly deductions</u>	<u>Total hardship deductions</u>	<u>Net monthly disposable income</u>
a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$	\$
b. Respondent: <input type="checkbox"/> 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.**

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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**PROPERTY ORDER ATTACHMENT TO JUDGMENT**

**1. Division of community property assets**

- a.  There are no community property assets.
- b.  The court finds that the net value of the community estate is less than \$5,000 and that the  petitioner  respondent cannot be found. Under Family Code section 2604, the entire community estate is awarded to the  petitioner  respondent.
- c.  The petitioner will receive the following assets: *(Attach additional page if necessary.)*
- d.  The respondent will receive the following assets: *(Attach additional page if necessary.)*
- e. The  petitioner  respondent will be responsible for preparing and filing a *Qualified Domestic Relations Order (QDRO)* to divide the following plan or retirement account(s) *(specify)*:

The fee for preparation of the QDRO shall be shared as follows *(specify)*:

f.  Other orders:

- g.  Each spouse will receive the assets listed above as his or her sole and separate property. The parties must execute any and all documents required to carry out this division.
- h. The court reserves jurisdiction to divide any community assets not listed here and enforce the terms of this order.

**2. Division of community property debts**

- a.  There are no community debts.
- b.  All community debts have been paid by the  petitioner  respondent. The  petitioner  respondent must reimburse the other party: \$  
The payment plan is as follows:
- c.  The petitioner will be responsible for the following debts: *(Attach additional page if necessary.)*
- d.  The respondent will be responsible for the following debts: *(Attach additional page if necessary.)*

PETITIONER: RESPONDENT:	CASE NUMBER:
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e.  Other orders:

f. Each party will be solely responsible for paying the debts assigned to him or her and will hold the other harmless from those debts. The parties understand that the creditors are not bound by this judgment. If a creditor seeks payment from the party who is not listed as responsible for the debt, that party can file a motion to seek reimbursement from the defaulting party.

g. The court reserves jurisdiction to divide any community debts not listed here.

3.  **Equalization of division of property and debt orders.** To equalize the division of the community property assets and debts, the  petitioner  respondent must pay to the other the sum of: \$ \_\_\_\_\_, payable as follows (*specify*):

4. **Separate property**

a.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the petitioner:

b.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the respondent:

5.  The settlement agreement between the parties dated (*date*): \_\_\_\_\_ is attached and made a part of this judgment.

6.  **Sale of property.** The following property will be offered for sale and sold for the fair market value as soon as a willing buyer can be found, and the net proceeds from the sale will be  divided equally  other (*specify*):

7.  Other orders (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY</b> STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER:  RESPONDENT:	
<b>NOTICE OF ENTRY OF JUDGMENT</b>	CASE NUMBER: _____

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

\_\_\_\_\_  
\_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE   <b>DO NOT FILE</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME: _____	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT: _____	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> 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:
 

<u>Child Support:</u> (1) <input type="checkbox"/> Current base child support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order  (2) <input type="checkbox"/> Additional monthly support: \$ _____  (3) <input type="checkbox"/> Total past-due support: \$ _____  (4) <input type="checkbox"/> Payment on past-due support: \$ _____  (5) Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date):	<u>Family Support:</u> <input type="checkbox"/> Current base family support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order  <input type="checkbox"/> Additional monthly support: \$ _____  <input type="checkbox"/> Total past-due support: \$ _____  <input type="checkbox"/> Payment on past-due support: \$ _____	<u>Spousal Support:</u> <input type="checkbox"/> Current spousal support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order    <input type="checkbox"/> Total past-due support: \$ _____  <input type="checkbox"/> Payment on past-due support: \$ _____
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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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

	<u>Child's name</u>	<u>Date of birth</u>	<u>Social security number</u>
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.