

PETITION FOR CUSTODY AND SUPPORT OF
MINOR CHILDREN PACKET

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): _____ 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:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: _____
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. Jurisdiction for bringing action

- a. Petitioner is the mother father of the minor children.
- b. Respondent is the mother father of the minor children.
- 2. a. Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Petitioner and respondent have signed a *Voluntary Declaration of Paternity* regarding the minor children, and no action regarding the children has been filed in any other court. (Attach a copy of declaration)
- c. Petitioner and respondent are not married and have legally adopted a child together.
- d. Petitioner and respondent have been determined to be the parents in juvenile or governmental child support case number _____
 County _____ State _____ Country (if not the United States) _____

3. The following minor children are the subject of this action:

Child's name	Date of birth	Age	Sex

Continued on Attachment 3.

4. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

5. Child custody and visitation. I request the following orders:

- | | Petitioner | Respondent | Joint | Other |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(1) The proposed schedule for visitation is as follows:

- See the attached form FL-311, *Child Custody and Visitation Attachment*.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

5. d. I request that visitation be supervised for the following persons, with the following restrictions:

Continued on Attachment 5d.

- e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.

6. **Fees and cost of litigation**

- a. Attorney fees will be paid by petitioner respondent.
- b. Each party will pay own fees.

7. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) is attached.

8. Other (specify):

9. I have read the restraining order on the back of the *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with this *Petition*.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ (This section applies only to guardianship cases.) <div style="text-align: right;">Minor</div>	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

a. Child's name		Place of birth	Date of birth	Sex
Period of residence 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)		
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 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)		

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

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

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 (person who decides about health, education, etc.)</u>	<u>Physical Custody to (person with whom the child lives)</u>
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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): _____

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REQUEST FOR CHILD ABDUCTION PREVENTION ORDERS

—This is not a court order—

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

1. Your name:

2. I request orders to prevent child abduction by (specify): Petitioner Respondent Other Parent/Party

3. I think that he or she might take the children without my permission to (check all that apply):

- a. another county in California (specify the county):
- b. another state (specify the state):
- c. a foreign country (specify the foreign country):
 - (1) He or she is a citizen of that country.
 - (2) He or she has family or emotional ties to that country (explain):

4. I think that he or she might take the children without my permission because he or she (check all that apply):

- a. has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
 Explain:

- b. does not have strong ties to California.
 Explain any work, financial, social, or family situation that makes it easy for the party to leave California.

- c. has recently done things that make it easy for him or her to take the children away without permission. He or she has (check all that apply):
 - quit his or her 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 and explain your answers in the space provided in this section):
 - domestic violence. child abuse. not cooperating with me in parenting.
 - taking the children without my permission.
 Explain your answers to item d.

- e. has a criminal record. Explain:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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I REQUEST THE FOLLOWING ORDERS AGAINST (specify): Petitioner Respondent Other Parent/Party

5. **Supervised Visitation (Parenting Time)**
 I ask the court to order supervised visitation (parenting time). I understand that the person I request to supervise the visits must meet the qualifications listed in *Declaration of Supervised Visitation Provider (form FL-324)*
 The specific terms are attached (check one): form FL-311 as follows:

6. **Post a Bond**
 I ask the court to order the posting of a bond for \$ _____. If the party takes the children without my permission, I can use this money to bring the children back.

7. **Do Not Move Without My Permission or Court Order**
 I ask for a court order preventing the party from moving with the children without my written permission or a court order.

8. **No Travel Without My Permission or Court Order**
 I ask for a court order preventing the party from traveling with the children outside (check all that apply):
 this county the United States
 California Other (specify): _____
 without my written permission or a court order.

9. **Notify Other State of Travel Restrictions**
 I ask the court to order the party to register this order in the state of _____ and provide the court with proof of the registration before the children can travel to that state for child visitation (parenting time).

10. **Turn In and Do Not Apply for Passports or Other Vital Documents**
 I ask for a court order (check all that apply):
 requiring the party to turn in all the children's passports and other documents (such as visas, birth certificates, and other documents used for travel) that are in his or her possession and control.
 preventing the party from applying for passports or other documents (such as visas or birth certificates) that can be used to travel with the children.

11. **Provide Itinerary and Other Travel Documents**
 If the party is allowed to travel with the children, I ask the court to order the party to give me before leaving (specify):
 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 me in case the children are not returned.
 other (specify): _____

12. **Notify Foreign Embassy or Consulate of Passport Restrictions**
 I ask the court to order the party to notify the embassy or consulate of _____ of this order and to provide the court with proof of that notification within _____ calendar days.

13. **Foreign Custody and Visitation (Parenting Time) Order**
 I ask the court to order the party to get a custody and visitation (parenting time) order in a foreign country equal to the most recent United States order before the children can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of that country.

14. **Other (specify):** _____

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

Date: _____

 (SIGNATURE)

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

- e. (2) **Alternate weekends starting (date):**
- from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time)
- to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time)
- to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time)
- (3) **Weekdays starting (date):**
- from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time)
- to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time)
- (4) **Other visitation (parenting time) days and restrictions are:** listed in Attachment 7e(4) (form MC-025 may be used for this purpose) as follows:

8. **Supervised visitation (parenting time).** Until further order of the court other (specify):
 The petitioner respondent other (name):
 will have supervised visitation (parenting time) with the minor children according to the schedule set forth on page 1.
(You must attach Supervised Visitation Order (form FL-341(A).))

9. **Transportation for visitation (parenting time)**
- a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- b. Transportation to begin the visits will be provided by the petitioner respondent other (specify):
- c. Transportation from the visits will be provided by the petitioner respondent other (specify):
- d. The exchange point at the beginning of the visit will be at (address):
- e. The exchange point at the end of the visit will be at (address):
- f. During the exchanges, the 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):

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

a. the state of California.

b. the following counties (specify):

c. other places (specify):

THIS IS A COURT ORDER.

PETITIONER: 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: 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 (<i>date</i>):				
Child's birthday (<i>date</i>):				
Child's birthday (<i>date</i>):				
Mother's birthday (<i>date</i>):				
Father's birthday (<i>date</i>):				
Other Parent's/Party's birthday (<i>date</i>):				
Breaks for year-round schools:				

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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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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REQUEST FOR CHILD ABDUCTION PREVENTION ORDERS

—This is not a court order—

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

1. Your name:
2. I request orders to prevent child abduction by (specify): Petitioner Respondent Other Parent/Party
3. I think that he or she might take the children without my permission to (check all that apply):

- a. another county in California (specify the county):
- b. another state (specify the state):
- c. a foreign country (specify the foreign country):
 - (1) He or she is a citizen of that country.
 - (2) He or she has family or emotional ties to that country (explain):

4. I think that he or she might take the children without my permission because he or she (check all that apply):

- a. has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
 Explain:

- b. does not have strong ties to California.
 Explain any work, financial, social, or family situation that makes it easy for the party to leave California.

- c. has recently done things that make it easy for him or her to take the children away without permission. He or she has (check all that apply):
 - quit his or her 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 and explain your answers in the space provided in this section):
 - domestic violence. child abuse. not cooperating with me in parenting.
 - taking the children without my permission.
 Explain your answers to item d.

- e. has a criminal record. Explain:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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I REQUEST THE FOLLOWING ORDERS AGAINST (*specify*): Petitioner Respondent Other Parent/Party

5. **Supervised Visitation (Parenting Time)**
 I ask the court to order supervised visitation (parenting time). I understand that the person I request to supervise the visits must meet the qualifications listed in *Declaration of Supervised Visitation Provider (form FL-324)*
 The specific terms are attached (*check one*): form FL-311 as follows:

6. **Post a Bond**
 I ask the court to order the posting of a bond for \$ _____. If the party takes the children without my permission, I can use this money to bring the children back.

7. **Do Not Move Without My Permission or Court Order**
 I ask for a court order preventing the party from moving with the children without my written permission or a court order.

8. **No Travel Without My Permission or Court Order**
 I ask for a court order preventing the party from traveling with the children outside (*check all that apply*):
 this county the United States
 California Other (*specify*): _____
 without my written permission or a court order.

9. **Notify Other State of Travel Restrictions**
 I ask the court to order the party to register this order in the state of _____ and provide the court with proof of the registration before the children can travel to that state for child visitation (parenting time).

10. **Turn In and Do Not Apply for Passports or Other Vital Documents**
 I ask for a court order (*check all that apply*):
 requiring the party to turn in all the children's passports and other documents (such as visas, birth certificates, and other documents used for travel) that are in his or her possession and control.
 preventing the party from applying for passports or other documents (such as visas or birth certificates) that can be used to travel with the children.

11. **Provide Itinerary and Other Travel Documents**
 If the party is allowed to travel with the children, I ask the court to order the party to give me before leaving (*specify*):
 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 me in case the children are not returned.
 other (*specify*): _____

12. **Notify Foreign Embassy or Consulate of Passport Restrictions**
 I ask the court to order the party to notify the embassy or consulate of _____ of this order and to provide the court with proof of that notification within _____ calendar days.

13. **Foreign Custody and Visitation (Parenting Time) Order**
 I ask the court to order the party to get a custody and visitation (parenting time) order in a foreign country equal to the most recent United States order before the children can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of that country.

14. **Other (*specify*):** _____

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

Date: _____



(SIGNATURE)

SUMMONS—UNIFORM PARENTAGE—PETITION FOR CUSTODY AND SUPPORT

CITACION JUDICIAL—DERECHO DE FAMILIA

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

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

You are being sued. *A usted le estan demandando.*

PETITIONER'S NAME IS:
EL NOMBRE DEL DEMANDANTE ES:

CASE NUMBER: *(Número del Caso)*

<p>You have 30 CALENDAR DAYS after this Summons and Petition are served on you to file a <i>Response to Petition to Establish Parental Relationship</i> (form FL-220) or <i>Response to Petition for Custody and Support of Minor Children</i> (form FL-270) at the court and serve a copy on the petitioner. A letter or phone call will not protect you.</p> <p>If you do not file your Response on time, the court may make orders affecting custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form. If you want legal advice, contact a lawyer immediately.</p>	<p><i>Usted tiene 30 DIAS CALENDARIOS</i> después de recibir oficialmente esta citación judicial y petición, para completar y presentar su formulario de Respuesta (<i>Response form FL -220</i>) ante la corte. Una carta o una llamada telefónica no le ofrecerá protección.</p> <p><i>Si usted no presenta su Respuesta a tiempo, la corte puede expedir órdenes que afecten la custodia de sus hijos ordenen que usted pague mantención, honorarios de abogado y las costas. Si no puede pagar las costas por la presentación de la demanda, pida al actuario de la corte que le dé un formulario de exoneración de las mismas (Waiver of Court Fees and Costs).</i></p> <p><i>Si desea obtener consejo legal, comuníquese de inmediato con un abogado.</i></p>
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NOTICE *The restraining order on the back is effective against both mother and father until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

AVISO *Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambos cónyuges, madre el esposo como la esposa, hasta que la petición sea rechazada, se dicte una decisión final o la corte expida instrucciones adicionales. Dichas prohibiciones pueden hacerse cumpliren cualquier parte de California por cualquier agente del Orden público que las haya recibido o que haya visto una copia de ellas.*

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

TRINITY
11 Court Street, PO Box 1258, Weaverville, CA 96093

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)

[SEAL]

Date *(Fecha)*: _____ Clerk *(Actuario)*, by _____, Deputy

NOTICE TO THE PERSON SERVED: You are served

- a. as an individual.
- b. on behalf of respondent
 - under: Code Civ. Proc., § 416.60 (minor)
 - Code Civ. Proc., § 416.70 (ward or conservatee)
- Code Civ. Proc., § 416.90 (individual)
- other:

c. by personal delivery on *(date)*: _____
(Read the reverse for important information)
(Lea el reverso para obtener información de importancia)

STANDARD RESTRAINING ORDER—SUMMONS
Uniform Parentage Act, Petition for Custody
PROHIBICION JUDICIAL ESTANDARE—Ley Uniforme de Paternidad

STANDARD RESTRAINING ORDER

You and the other party are restrained from removing from the state the minor child or children for whom this action seeks to establish a parent-child relationship without the prior written consent of the other party or an order of the court.

This restraining order is effective against petitioner upon filing a petition and against respondent on personal service of the summons and petition or on waiver and acceptance of service by respondent.

This restraining order is effective until the judgment is entered, the petition is dismissed, or the court makes a further order.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

PROHIBICIONES JUDICIALES ESTANDARES

A partir de este momento, a usted y a la otra parte se les prohíbe que saquen del estado al hijo o hijos menores de las partes, para quienes esta acción judicial procura establecer una relación entre hijo y padres, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte.

Esta prohibición judicial entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la citación judicial y petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta prohibición judicial continuará en vigencia hasta que se dicte la decisión final, la petición sea rechazada o la corte expida instrucciones adicionales.

Podrán hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.

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:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: _____

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a. Family Law—Marriage: *Petition—Marriage* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage* (form FL-120)
 - or-
 - b. Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
 - or-
 - c. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or-
 - d. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- and
- e. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
 - (2) Completed and blank *Declaration of Disclosure* (form FL-140)
 - (3) Completed and blank *Schedule of Assets and Debts* (form FL-142)
 - (4) Completed and blank *Income and Expense Declaration* (form FL-150)
 - (5) Completed and blank *Financial Statement (Simplified)* (form FL-155)
 - (6) Completed and blank *Property Declaration* (form FL-160)
 - (7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
 - (8) Other (specify): _____

2. Address where respondent was served:

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

- a. Personal service. I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): _____ at (time): _____
- b. Substituted service. I left the copies with or in the presence of (name): _____ who is (specify title or relationship to respondent): _____
 - (1) (Business) a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers.
 - (2) (Home) a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. b. (cont.) on (date): _____ at (time): _____

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

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

c. Mail and acknowledgment service. I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____

(1) with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).) (Code Civ. Proc., § 415.30.)

(2) to an address outside California (by registered or certified mail with return receipt requested). (Attach signed return receipt or other evidence of actual delivery to the respondent.) (Code Civ. Proc., § 415.40.)

d. Other (specify code section): _____

Continued on Attachment 3d.

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

a. As an individual or

b. On behalf of respondent who is a

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

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

(3) other (specify): _____

5. Person who served papers

Name:

Address:

Telephone number:

This person is

a. exempt from registration under Business and Professions Code section 22350(b).

b. not a registered California process server.

c. a registered California process server: an employee or an independent contractor

(1) Registration no.: _____

(2) County: _____

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

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

—or—

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

Date:

(NAME OF PERSON WHO SERVED PAPERS)

(SIGNATURE OF PERSON WHO SERVED PAPERS)

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:	
APPEARANCE, STIPULATIONS, AND WAIVERS	CASE NUMBER: _____

1. Appearance by respondent (you must choose one):

- a. By filing this form, I make a general appearance.
- b. I have previously made a general appearance.
- c. I am a member of the military services of the United States of America. I have completed and attached to this form Declaration and Conditional Waiver of Rights Under the Servicemembers Civil Relief Act of 2003 (form FL-130(A)).

2. Agreements, stipulations, and waivers (choose all that apply):

- a. The parties agree that this cause may be decided as an uncontested matter.
- b. The parties waive their rights to notice of trial, a statement of decision, a motion for new trial, and the right to appeal.
- c. This matter may be decided by a commissioner sitting as a temporary judge.
- d. The parties have a written agreement that will be submitted to the court, or a stipulation for judgment will be submitted to the court and attached to *Judgment (Family Law)* (form FL-180).
- e. None of these agreements or waivers will apply unless the court approves the stipulation for judgment or incorporates the written settlement agreement into the judgment.
- f. This is a parentage case, and both parties have signed an *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235) or its equivalent.

3. Other (specify):

Date: _____

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF PETITIONER)

Date: _____

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF RESPONDENT)

Date: _____

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date: _____

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): _____ 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:	
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: _____
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. Jurisdiction for bringing action

- a. Petitioner is the mother father of the minor children.
- b. Respondent is the mother father of the minor children.

2. a. Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.

b. Petitioner and respondent have signed a Voluntary Declaration of Paternity regarding the minor children, and no other action is pending in any other court. (Attach a copy of declaration)

c. Petitioner and respondent are not married and have legally adopted a child together.

d. Petitioner and respondent have been determined to be the parents in a juvenile or governmental child support case number _____.

County _____ State _____ Country (if not the United States) _____

3. The following minor children are the subject of this action:

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
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Continued on Attachment 3.

4. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

5. Child custody and visitation. I request the following orders:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Visitation of children with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) The proposed schedule for visitation is as follows:

See the attached form FL-311, Child Custody and Visitation Attachment.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

5. d. I request that visitation be supervised with the following persons, with the following restrictions:

Continued on Attachment 5d.

- e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.

6. **Fees and cost of litigation**

- a. Attorney fees will be paid by petitioner respondent.
- b. Each party will pay own fees.

7. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) is attached.

8. 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 RESPONDENT)

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

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

2. Age and education

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

3. Tax information

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

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

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

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

14. Installment payments and debts not listed above

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

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

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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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): 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:	TELEPHONE NO.:	FOR COURT USE ONLY 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 _____ \$

Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)	This income comes from the following: <input type="checkbox"/> Salary/wages: Amount before taxes per month <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.	<table style="width:100%; border-collapse: collapse;"> <tr><td>_____</td><td style="text-align: right;">\$</td></tr> </table>	_____	\$	_____	\$	_____	\$	_____	\$	_____	\$	_____	\$	_____	\$
_____	\$															
_____	\$															
_____	\$															
_____	\$															
_____	\$															
_____	\$															
_____	\$															

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. (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:	
REQUEST TO ENTER DEFAULT	CASE NUMBER: _____

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

Date: _____

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

3. Declaration

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

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

Date: _____

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

FOR COURT USE ONLY
<input type="checkbox"/> Request to Enter Default 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.: _____ 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:	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	CASE NUMBER: _____

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 request that proof will be by this declaration and that I will not appear before the court unless I am ordered by the court to appear.
3. All the information in the *Petition or Complaint to Establish Parental Relationship* *Response or Answer* *Petition to Establish Custody and Support* *Response* is true and correct.
4. Respondent and/or Petitioner is/are the parent(s) of the minor child(ren).
5. A Voluntary Declaration of Paternity form has has not been signed regarding this child (attach a copy if available).
6. **DEFAULT OR UNCONTESTED** (Check a or b)
 - a. The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition. OR
 - b. The parties have stipulated that the matter may proceed as an uncontested matter without notice, and the stipulation is attached.
7. **CHILD SUPPORT** should be ordered as set forth in the proposed *Judgment* (form FL-250).
 - a. Petitioner Respondent is presently receiving public assistance (TANF); thus all support should be made payable to the local child support agency at (specify address):
 - b. **NOTE: If a support order is requested, submit a completed *Income and Expense Declaration* (form FL-150), or *Financial Statement (Simplified)* (form FL-155), unless a current form is on file. Include your best estimate of the other party's gross monthly income.**
8. **ATTORNEY FEES** should be ordered as set forth in the proposed *Judgment* (form FL-250).
9. **CHILD CUSTODY** should be ordered as set forth in the proposed *Judgment* (form FL-250).
10. **CHILD VISITATION** should be ordered as set forth in the proposed *Judgment* (form FL-250).
11. **REASONABLE EXPENSES OF PREGNANCY AND BIRTH** should be ordered as set forth in the proposed *Judgment* (form FL-250).
12. **NAMES OF THE CHILDREN** should be changed as set forth in the proposed *Judgment* (form FL-250).
13. 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.
14. I have read and understand the *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235), which is signed and attached to this declaration.
15. 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)

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

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

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

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

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

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

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

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

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

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

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

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

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

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

When a Child Support Order May Be Modified

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

Examples

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

How to Change a Child Support Order

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

What forms do I need?

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

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

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

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

You must also fill out one of these forms:

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

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

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

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

You must serve the other parent. If the local child support agency is involved, serve it too.

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

The server must also serve blank copies of these forms:

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

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

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

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

Need help?

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ 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:	
JUDGMENT	CASE NUMBER: _____

1. This judgment contains personal conduct restraining orders modifies existing restraining orders.
 The restraining orders are contained in item(s) _____ of the attachment.
 They expire on (date): _____ A CLETS form must be attached.
2. a. This matter proceeded as follows: Default or uncontested By declaration Contested
 b. Date: _____ Dept.: _____ Room: _____
 c. Judicial officer (name): _____ Temporary judge
 d. Petitioner present Attorney present (name): _____
 e. Respondent present Attorney present (name): _____
 f. **Petitioner** (1) The petitioner appeared without counsel and was advised of relevant rights.
 (2) The petitioner signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235).
 (3) The petitioner is married to the Respondent, and no other action is pending.
 (4) The petitioner signed a Voluntary Declaration of Paternity.
 (5) There is a prior judgment of parentage in a family support, juvenile, or adoption court case.
g. Respondent (1) The respondent appeared without counsel and was advised of relevant rights.
 (2) The respondent signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235).
 (3) The respondent is married to the Petitioner, and no other action is pending.
 (4) The respondent signed a Voluntary Declaration of Paternity.
 (5) There is a prior judgment of parentage in a family support, juvenile or adoption court case.
 h. Other parties or attorneys present (specify): _____

3. THE COURT FINDS

Name: Mother Father
 Name: Mother Father
 are the parents of the following children:
Child's name Date of birth

4. THE COURT ORDERS

- a. Child custody and visitation are as specified in one or more of the attached forms:
 (1) *Child Custody and Visitation Order Attachment* (form FL-341)
 (2) *Stipulation for Order for Child Custody and/or Visitation of Children* (form FL-355)
 (3) Other (specify): _____

PETITIONER:	CASE NUMBER:
RESPONDENT:	

5. THE COURT FURTHER ORDERS

- a. Child support is as stated in one or more of the attached:
 - (1) *Child Support Information and Order Attachment* (form FL-342)
 - (2) *Stipulation to Establish or Modify Child Support and Order* (form FL-350)
 - (3) Other (*specify*):
- b. 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 judgment. Thereafter, the parents must notify the court of any change in the information submitted, within 10 days of the change.
- c. The form *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.
- d. The last names of the children are changed to (*specify*):
- e. The birth certificates must be amended to conform to this court order by
 - (1) adding the father's name.
 - (2) changing the last name of the children.
- f. Attorney fees and costs are as stated in the attachment.
- g. Reasonable expenses of pregnancy and birth are as stated in the attachment.
- h. Other (*specify*):

Continued on Attachment 3h.

6. Number of pages attached: _____

Date:

 JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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CHILD ABDUCTION PREVENTION ORDER ATTACHMENT

TO *Child Custody and Visitation Order Attachment (form FL-341(A))* *Other (specify):*

1. The court finds there is a risk that *(specify name of parent):* _____ will take the child without permission because that parent *(check all that apply):*
- a. has violated—or threatened to violate—a custody or visitation 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 in parenting.
 - e. has a criminal record.
 - f. has family or emotional ties to another country, 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 parent in item 1 from taking the children without permission:

- 2. **Supervised visitation.** Terms of visitation are *(check one):*
 as specified on attached form FL-341(A) as follows: _____

- 3. **The parent in item 1 must post a bond for \$** _____ **. The terms of the bond are *(specify):*** _____

- 4. **The parent in item 1 must not move from the following locations with the children without permission in writing from the other parent or a court order:**
 Current residence Current school district *(specify):* _____
 This county Other *(specify):* _____

- 5. **The parent 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 parent in item 1 must register this order in the state of *(specify):*** _____ **before the children can travel to that state for visits.**

- 7. **The parent in item 1 must not apply for a passport or any other document, such as a visa or birth certificate, that can be used for travel, and must turn in the following documents *(specify):*** _____

PETITIONER:	CASE NUMBER:
RESPONDENT:	

8. The parent in item 1 must give the other parent 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*):
9. The parent in item 1 must notify the embassy or consulate of (*specify country*): _____ of this order and provide the court with proof of that notification within (*specify number*): _____ days.
10. The parent in item 1 must get a custody and visitation 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.
11. 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*):
12. Other (*specify*):

13. 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 (California 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 in item 12 above.

Date:

JUDICIAL OFFICER

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.

Page 1 of 2

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/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

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

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

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

15. **Other (specify):**

THIS IS A COURT ORDER.

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
- | | | | |
|--|--|--|---|
| <input type="checkbox"/> abduction of child(ren) | <input type="checkbox"/> physical abuse | <input type="checkbox"/> drug abuse | <input type="checkbox"/> neglect |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> domestic violence | <input type="checkbox"/> alcohol abuse | <input type="checkbox"/> 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>
---------------------	-------------------	------------	------------

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>
-------------	----------------	------------------

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

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

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

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

1. STIPULATION TO NON-GUIDELINE ORDER

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

OTHER REBUTTAL FACTORS

2. Support calculation

- a. The guideline amount of child support calculated is: \$ _____ per month payable by petitioner/plaintiff respondent/defendant
- b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an increase decrease in child support. The revised amount of support is: \$ _____ per month
- c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case. These changes remain in effect until (date): _____ until further order
- d. The factors are:
 - (1) The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ _____ per month. (Fam. Code, § 4057(b)(2).)
 - (2) The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
 - (3) The petitioner/plaintiff respondent/defendant is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
 - (4) Special circumstances exist in this case. The special circumstances are:
 - (i) The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5) (A).)
 - (ii) The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
 - (iii) The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) (specify): _____
 - (iv) Other (Fam. Code, § 4057(b)(5)) (specify): _____

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.

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 DO NOT FILE
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 \$0 (zero) order	<u>Family Support:</u> <input type="checkbox"/> Current base family support: \$ _____ <input type="checkbox"/> Reserved order \$0 (zero) order	<u>Spousal Support:</u> <input type="checkbox"/> Current spousal support: \$ _____ <input type="checkbox"/> Reserved order \$0 (zero) order
(2) <input type="checkbox"/> Additional monthly support: \$ _____	<input type="checkbox"/> Additional monthly support: \$ _____	
(3) <input type="checkbox"/> Total past-due support: \$ _____	<input type="checkbox"/> Total past-due support: \$ _____	<input type="checkbox"/> Total past-due support: \$ _____
(4) <input type="checkbox"/> Payment on past-due support: \$ _____	<input type="checkbox"/> Payment on past-due support: \$ _____	<input type="checkbox"/> Payment on past-due support: \$ _____
 - (5) Wage withholding was ordered ordered but stayed until (date): _____
2. Person required to pay child or family support (name):
 Relationship to child (specify): _____
3. Person or agency to receive child or family support payments (name):
 Relationship to child (if applicable): _____

TYPE OR PRINT IN INK

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

Child's name

Date of birth

Social security number

- a.
- b.
- c.

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

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

5. Father's name:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g. Employed Not employed Self-employed

g. Employed Not employed Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

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.

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:	
NOTICE OF ENTRY OF JUDGMENT	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

