

DISSOLUTION PACKET

(This packet is for parties **WITH** children of the relationship.)

KIMBERLY FLENER
Court Executive Officer
Superior Court of California, County of Butte
1775 Concord Ave.,
Chico, California 95928
(530)532-7008
07/01/2016

Please refer to Fee Schedule for current and complete listing of fees:

Petition	\$435.00
Response to Petition	\$435.00

- ▶ * This packet contains forms to obtain a judgment to end a marital relationship, including forms for property division, spousal support, child custody, visitation, support and related orders.
- ▶ You may need to obtain the Order to Show Cause Packet. It includes forms to obtain additional or interim orders prior to judgment, or modification of orders.

**If you need assistance with the preparation of any forms, you may contact the
Self Help Assistance and Referral Program (S.H.A.R.P.) at
1 Court Street, Oroville, CA (530) 532-7015
1775 Concord Ave., Chico, CA (530) 532-7024
You may also visit the California Courts self help website at
www.courtinfo.ca.gov**

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, if you are filing or have received a family law petition, or if you are asking the court to appoint a guardian for a minor or a conservator for an adult or are an appointed guardian or conservator, and if you (or your ward or conservatee) cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you (or your ward or conservatee) are getting public benefits, are a low-income person, or do not have enough income to pay for your (or his or her) household's basic needs *and* your court fees, you may ask the court to waive all or part of those fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001) or, if you are petitioning for the appointment of a guardian or conservator or are an appointed guardian or conservator, complete the *Request to Waive Court Fees (Ward or Conservatee)* (form FW-001-GC).

If you qualify, the court will waive all or part of its fees for the following:

- Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
- Making and certifying copies
- Sheriff's fee to give notice
- Court fee for telephone hearing
- Reporter's fee for attendance at hearing or trial, if a reporter is provided by the court.
- Assessment for court investigations under Probate Code section 1513, 1826, or 1851.
- Preparing, certifying, copying, and sending the clerk's transcript on appeal.
- Holding in trust the deposit for a reporter's transcript on appeal under rule 8.833 or 8.834.
- Making a transcript or copy of an official electronic recording under rule 8.835
- Giving notice and certificates
- Sending papers to another court department
- Having a court-appointed interpreter in small claims court

2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002) or *Request to Waive Additional Court Fees (Superior Court) (Ward or Conservatee)* (form FW-002-GC). The court will consider waiving fees for items such as the following, or other court services you need for your case:

- Jury fees and expenses
- Fees for court-appointed experts
- Other necessary court fees
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness

3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability, or the ability of your ward or conservatee, to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you or your ward or conservatee are granted may be ended if you do not go to court when asked. You or your ward's or conservatee's estate may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **Public benefits programs listed on the application form.** In item 5 on the *Request to Waive Court Fees (item 8 of the Request to Waive Court Fees (Ward or Conservatee))*, there is a list of programs from which you (or your ward or conservatee) may be receiving benefits, listed by the abbreviations they are commonly known by. The full names of those programs can be found in Government Code section 68632(a), and are also listed here:
 - Medi-Cal
 - Food Stamps—California Food Assistance Program, CalFresh Program, or SNAP
 - Supp. Sec. Inc.—Supplemental Security Income (not Social Security)
 - SSP—State Supplemental Payment
 - County Relief/General Assistance—County Relief, General Relief (GR) or General Assistance (GA)
 - IHSS—In-Home Supportive Services
 - CalWORKS—California Work Opportunity and Responsibility to Kids Act
 - Tribal TANF—Tribal Temporary Assistance for Needy Families
 - CAPI—Cash Assistance Program for Aged, Blind, or Disabled Legal Immigrants

- **If you receive a fee waiver, you must tell the court if there is a change in your finances, or the finances of your ward or conservatee.** You must tell the court within five days if those finances improve or if you, or your ward or conservatee, become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) or *Notice to Court of Improved Financial Situation or Settlement (Ward or Conservatee)* (form FW-010-GC) with the court.) You may be ordered to repay any amounts that were waived after your eligibility, or the eligibility of your ward or conservatee, came to an end.
- **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases and in guardianships and conservatorships. (Government Code, section 68637(d), (e), and Cal. Rules of Court, rule 7.5.)
- **If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, or if you fail to make the payments over time, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you or your ward or conservatee are not eligible for a fee waiver. If the case is a guardianship or conservatorship proceeding, see California Rules of Court, rule 7.5(k) for information on the final disposition of that matter.
- **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time. See Government Code section 68635.

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

1 Your Information (person asking the court to waive the fees):

Name: _____
 Street or mailing address: _____
 City: _____ State: ____ Zip: _____
 Phone number: _____

2 Your Job, if you have one (job title): _____

Name of employer: _____
 Employer's address: _____

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature: _____
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

- a. I receive (check all that apply; see form FW-001-INFO for definitions): Food Stamps Supp. Sec. Inc. SSP Medi-Cal County Relief/Gen. Assist. IHSS CalWORKS or Tribal TANF CAPI
- b. My gross monthly household income (before deductions for taxes) is not more than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	<i>If more than 6 people at home, add \$433.34 for each extra person.</i>
1	\$1,237.50	3	\$2,100.00	5	\$2,962.50	
2	\$1,668.75	4	\$2,531.25	6	\$3,393.75	

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):

- waive all court fees and costs
- let me make payments over time
- waive some of the court fees

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:)

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

Date: _____

Print your name here

Sign here



Case Number: _____

Your name: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you must fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7 Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

- (1) \$
(2) \$
(3) \$
(4) \$

b. Your total monthly income: \$

9 Household Income

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Table with columns: Name, Age, Relationship, Gross Monthly Income

b. Total monthly income of persons above: \$

Total monthly income and household income (8b plus 9b): \$

10 Your Money and Property

a. Cash \$

b. All financial accounts (List bank name and amount):

- (1) \$
(2) \$
(3) \$

c. Cars, boats, and other vehicles

Table with columns: Make / Year, Fair Market Value, How Much You Still Owe

d. Real estate

Table with columns: Address, Fair Market Value, How Much You Still Owe

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Table with columns: Describe, Fair Market Value, How Much You Still Owe

11 Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

- (1) \$
(2) \$
(3) \$
(4) \$

b. Rent or house payment & maintenance \$

c. Food and household supplies \$

d. Utilities and telephone \$

e. Clothing \$

f. Laundry and cleaning \$

g. Medical and dental expenses \$

h. Insurance (life, health, accident, etc.) \$

i. School, child care \$

j. Child, spousal support (another marriage) \$

k. Transportation, gas, auto repair and insurance \$

l. Installment payments (list each below):

- Paid to:
(1) \$
(2) \$
(3) \$

m. Wages/earnings withheld by court order \$

n. Any other monthly expenses (list each below):

- Paid to: How Much?
(1) \$
(2) \$
(3) \$

Total monthly expenses (add 11a - 11n above): \$

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

**Order on Court Fee Waiver
(Superior Court)**

Clerk stamps date here when form is filed.

- ① **Person who asked the court to waive court fees:**
 Name: _____
 Street or mailing address: _____
 City: _____ State: _____ Zip: _____
- ② **Lawyer, if person in ① has one (name, address, phone number, e-mail, and State Bar number):** _____

- ③ A request to waive court fees was filed on (date): _____
 The court made a previous fee waiver order in this case on (date): _____

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number and name:

Case Number: _____

Case Name: _____

Read this form carefully. All checked boxes are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

- ④ After reviewing your: Request to Waive Court Fees Request to Waive Additional Court Fees
the court makes the following orders:
- a. The court grants your request, as follows:
- (1) **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rules 3.55 and 8.818.*) You do not have to pay the court fees for the following:
- Filing papers in Superior Court
 - Making copies and certifying copies
 - Sheriff's fee to give notice
 - Court fee for phone hearing
 - Reporter's fee for attendance at hearing or trial, if reporter provided by the court
 - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal
 - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
 - Making a transcript or copy of an official electronic recording under rule 8.835
 - Giving notice and certificates
 - Sending papers to another court department
 - Court-appointed interpreter in small claims court
- (2) **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.
- Jury fees and expenses
 - Fees for court-appointed experts
 - Other (specify): _____
 - Fees for a peace officer to testify in court
 - Court-appointed interpreter fees for a witness

Your name: _____

Case Number: _____

b. The court **denies** your fee waiver request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:
 - Pay your fees and costs, or
 - File a new revised request that includes the items listed below (*specify incomplete items*):

- (2) The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): _____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c. below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*):

Bring the following proof to support your request if reasonably available:

Name and address of court if different from above:

Hearing Date	→ Date: _____	Time: _____	_____
	Dept.: _____	Room: _____	_____

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one): Judicial Officer Clerk, Deputy



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in ① and ② at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): _____, California on the date below.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Request to Waive Additional Court Fees (Superior Court)

CONFIDENTIAL

Clerk stamps date here when form is filed.

This form asks the court to waive *additional* court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

1 Your Information (person asking the court to waive the fees):

Name: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
Phone number: _____

Fill in court name and street address:

Superior Court of California, County of

2 Your lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

Fill in case number and name:

Case Number:

Case Name:

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here):

Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

3 Date your last court fee waiver order, if any, was granted: _____

4 Has your financial situation improved since your last *Request to Waive Court Fees*? No Yes (If yes, you must fill out a new *Request to Waive Court Fees*, form FW-001, and attach it to this form.)

5 What other fees do you want your court fee waiver order to cover? (Check all that apply):

- a. Jury fees and expenses
- b. Court-appointed interpreter fees for a witness
- c. Fees for a peace officer to testify in court
- d. Fees for court-appointed experts
- e. Other (specify): _____

6 Why do you need these other services? (Explain):

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

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

Date: _____

Print your name here

Sign here

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

STEP 1. Start Your Case

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



STEP 2. Serve the Forms

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



STEP 3. Disclose Financial Information

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



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

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

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

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

Respondent files a *Response*

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

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

IMPORTANT NOTICES

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



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

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

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

Getting help to resolve divorce or legal separation cases

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

Court Services

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

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

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

Where can I get help?

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

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

What if there is domestic violence?

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

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



Office of the Family Law Facilitator and SHARP Self Help Assistance & Referral Program

Oroville:

1 Court St.
Oroville, CA 95965
(530) 532-7024

Chico:

1775 Concord Ave
Chico, CA 95928
(530) 532-7015

Red Bluff:

633 Washington St.
Red Bluff, CA 96080
(530) 527-8649

Clearlake:

7000A South Center Dr.
Clearlake, CA 95422
(707) 994-6598 Ext 3

Assistance in Spanish is usually available. If you need assistance in another language or help writing English, you will need to bring someone to help you.

Call SHARP and the Family Law Facilitators for assistance with the following issues:

**Dissolution of Marriage or
Domestic Partnership**

- Divorce
- Legal Separation
- Summary Dissolution
- Financial Disclosure documents
- Petition for child custody and support
- Annulment
- Bifurcation of Marital Status

Judgments

- Default
- Contested/Uncontested
- Stipulated

Request for Order

- Child Support/Spousal Support
- Child custody and visitation
- Modification of existing orders
- Set Aside Voluntary Declaration of Paternity
- Set Aside Default Paternity
- Temporary Orders

Paternity/Parentage for Unmarried Persons

Guardianship/Guardianship Terminations

**Step Parent Adoption (with signed,
uncontested consent of biological parent)**

Response

- Dissolutions
- Paternity
- Restraining Orders
- Request for Order

Small Claims (Plaintiff and Defendant)

Name change:

- Child(ren)
- Adult (self)

Restraining Orders

- Civil Harassment
- Domestic Violence
- Elder Abuse
- Workplace Violence

Expungement of misdemeanor criminal record

Proof of Service/Service by Publication

Contempt (disobeying court orders)

Emancipation (of minor)

Evictions/Unlawful Detainer

- Tenant
- Landlord

Call any of the SHARP/FLF offices to schedule a workshop or appointment.

Emergency same-day service is available only when truly necessary.

You may also email your questions to AskSHARP@buttecourt.ca.gov

Melanie Snider

Family Law Facilitator
SHARP Managing Attorney
Butte & Lake Superior Courts

Scott R. Lyon

Family Law Facilitator
Tehama County Superior
Court

Michael Friel

Self-Help Attorney
Lake County Superior
Court

Superior Court of California, County of Butte

FAMILY COURT SERVICES

Tara Beckham, MSW
Family Court Services Manager

1775 Concord Avenue, Chico, CA 95928 - Telephone: (530) 532-7003 Facsimile: (530) 532-7041

WELCOME TO FAMILY COURT SERVICES

We know this may be a challenging time as you and the other parent work toward a custody and time share arrangement which is in the best interest of your child or children. Our professional and clerical staff will make themselves available to help you to the best of their ability. The types of services we currently offer in Family Court Services are listed below.

1. **Orientation for Mediation and Child Custody Recommending Counseling (CCRC)**. By Local Court Rule, this program is mandatory for parents who will be participating in Mediation/Child Custody Recommending Counseling services in Butte County. This program is approximately 1-1 ½ hours in length and is held on Tuesdays either at 10:00 am or 1:00 pm. Parties of the same case will not attend the mediation orientation date at the same time. You will typically be given an orientation date at the time you are given your mediation appointment. This class is held in a workshop format. A parent workbook will be provided during the orientation to assist you in developing a parenting arrangement that is best for your child(ren). The purpose of mediation orientation is to clarify the Mediation/CCRC process and assist you in focusing on the needs of your child(ren) by providing information about child development, benefits of cooperative co-parenting, detrimental effects of parental conflict, and to provide sample parenting plans.
2. **Court Ordered Mediation/Child Custody Recommending Counseling (CCRC)**. California law mandates that, if parents are contesting custody and visitation of their minor child(ren), they must attend mediation. The judge will refer you to a full mediation appointment and the clerk will give you a form with the date and time for both your Orientation as well as your Mediation/CCRC appointment. **Attendance at both Orientation and court-ordered Mediation/CCRC are mandatory.** You will need to be on time and not have your children with you, unless specifically ordered by the judge to bring them. If you do not attend, or are more than 15 minutes late, the mediation session will be cancelled and the Court will be notified that you did not appear in a timely manner for the appointment.

The purpose of mediation is to reduce parental conflict and to assist in developing a parenting plan, custody and visitation, that is in the best interests of their child(ren). If the mediation appointment results in an agreement, the mediator will prepare it for the

parent's signatures and submit it to the Court prior to the next scheduled court hearing. If parents have attorneys, they will be provided with a copy of the agreement so that they can review the document with their clients before signing it.

In the event that parents are unable to reach an agreement, the mediator's responsibility and title changes to Child Custody Recommending Counselor (CCRC). In this role they are required to prepare a written recommendation containing a parenting plan that they believe is in the best interests of the minor child(ren). They will provide this report to the parents and the court prior to the next scheduled court hearing. If parents have attorneys, the report will be provided to the attorneys so that they may review the document with their clients. Please understand that **IT IS THE JUDGE WHO MAKES THE FINAL DECISION REGARDING THE APPROPRIATE PARENTING PLAN FOR MINOR CHILDREN, NOT THE CCRC.** The CCRC's recommendation is only one of several factors the judge may consider in making his or her order.

3. **Voluntary In Court Program (VIP):** This program offers a brief mediation session on the Court's Law and Motion Calendar. This program is **voluntary**; both parties must agree to participate. It is designed to provide immediate assistance to help parents reach an agreement regarding their custody and visitation issues. The program's purpose is to address emergency situations and to help parents reach a temporary parenting plan until a full mediation can be scheduled. The parties will step out of the courtroom and wait to be called by a the mediator who will first do a Domestic Violence Assessment to consider any request for separate interviews, meet with the parties briefly, then return to the courtroom to notify the Judge whether or not an agreement has been reached.

California law requires that Family Court Services screen for domestic violence and offer those reporting a history of domestic violence the option of having a joint Mediation/CCRC session with the other party present or a separate mediation appointment. They may also request the presence of a support person during their appointment. Each parent will be given the opportunity to declare a history of domestic violence in Court when they are scheduled for their mediation appointment, during the mediation orientation and just prior to their mediation appointment.

If you have any questions about the services offered, please contact our office at (530) 532-7003 and we will do our best to help you. Family Court Services is located at the North Butte County Courthouse (NCCH) on 1775 Concord Avenue in Chico and is open between 8:30 am and 4:00 pm. Our clerk's can answer general questions about our services but cannot provide legal advice. You may want to seek legal counsel or contact the Family Law Facilitator's Office (530) 532-7004 or SHARP (Self-Help Assistance and Referral Program) (530) 532-7015 which are designed to assist self-represented litigants. Mediators/CCRCs can answer general questions about custody and visitation issues; however, they will not be able to discuss your case with you outside of the mediation process.



SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

LETTER TO PARENTS FROM THE SUPERVISING JUDGE OF THE FAMILY LAW DIVISION

**SUBJECT: CONTESTED CHILD CUSTODY AND VISITATION CASES:
MEDIATION**

Dear Parent,

In all custody and visitation cases where the parties have been unable to agree on a parenting plan, the case is required to be sent to mediation. Mediation is required by law... it is mandatory!

Mediation is a form of conflict resolution, where the parents sit down with a neutral person, the mediator, and attempt to resolve their differences concerning the appropriate parenting plan for their children. The mediator's job is to provide a safe place for each person to talk and be heard. The mediator also provides information about the effects of parental separation, the developmental needs of the children and how to effectively share parenting responsibilities so as to meet the needs of the children in the future.

Mediation gives the parent a unique opportunity to have self-determination in the decision making process regarding their children. Most of the time parents are able to see beyond their own immediate needs and, with the help of a mediator, work together to develop a parenting plan that serves the best interests of their children.

The mediator helps parents deal with emotional and communication barriers and get focused on the immediate needs of the children. The mediation process is private and avoids the public airing of hostile accusations in the courtroom. Above all, it helps to keep the children out of the conflict.

When parents reach an agreement in mediation the plan is prepared as a legal document by the mediator. You will receive a copy. Parents who do not have an attorney will sign the agreement and it will be submitted to the judge at the assigned court date. If a parent has an attorney the parent will review the document with his/her attorney before the court date. The agreement is not a binding court order until signed by the judge.

When mediation does not result in an agreed upon parenting plan, the mediator's title and role changes to that of Child Custody Recommending Counselor (CCRC). In this role, the CCRC is required to provide a written report and recommendation to the parties and the court that is in the best interest of the child(ren). Both parents will receive a copy of this report and recommendation prior to the next scheduled hearing.

STEPHEN E. BENSON, JUDGE
MICHAEL P. CANDELA, JUDGE
MICHAEL R. DEEMS, JUDGE
ROBERT A. GLUSMAN, JUDGE
CLARE KEITHLEY, JUDGE
KRISTEN A. LUCENA, JUDGE
KIMBERLY MERRIFIELD, JUDGE
SANDRA L. MCLEAN, JUDGE
TAMARA L. MOSBARGER, JUDGE
JAMES F. REILLEY, JUDGE
BARBARA L. ROBERTS, JUDGE

LEONARD D. GOLDKIND,
COURT COMMISSIONER

DAVID E. GUNN,
COURT COMMISSIONER

KIMBERLY FLENER,
COURT EXECUTIVE OFFICER

RICHARD L. HOLST,
DEPUTY COURT EXECUTIVE
OFFICER

JARROD ORR,
DEPUTY COURT EXECUTIVE
OFFICER

PLEASE REPLY TO:

□ Butte County Courthouse
One Court Street
Oroville, CA 95965
Tel: (530) 532-7013
Fax: (530) 538-8567

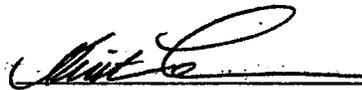
□ North Butte County Courthouse
1775 Concord Avenue
Chico, CA 95928
Tel: (530) 532-7013
Fax: (530) 538-8567

Please keep in mind, if the parents are unable to reach an agreement in mediation, IT IS THE JUDGE WHO WILL MAKE THE FINAL DECISION AS TO WHAT THE APPROPRIATE PARENTING PLAN WILL BE, NOT THE MEDIATOR/CRCC. Their recommendation is only one of several factors the judge will consider in making the parenting plan decision. Each parent will be given an opportunity to present their position to the judge at the appropriate time.

In every case the primary concern of the court is the making of a custody and visitation order that is in the best interest of the children. Other considerations such as the concerns, needs and desires of the parents are important, but secondary.

I strongly urge you to make the best use of your mediation opportunity and avoid litigation, not only for your own sake, but more importantly for the sake of your children.

Sincerely,



Kristen A. Lucena

Supervising Judge of the Family Law Division

NOTE: The Court offers mediation of custody and visitation issues through Family Court Services. This service is located at 1775 Concord Avenue, Chico, Phone (530) 532-7003. Private mediation through private mediators, counselors or attorneys is an acceptable alternative if agreed upon by the parties.

FL-314-INFO Child Custody Information Sheet—Child Custody Mediation

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

What is a parenting plan?

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

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

What are legal and physical custody?

A parenting plan usually includes:

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

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

Can we make our own parenting plan?

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

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

What if there is domestic violence or a protective order?

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

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

What if we don't have a parenting plan?

If you can't reach an agreement, the court will refer you to mediation with family court services (FCS) to try to work out a parenting plan.

What is mediation with family court services?

Family court services (FCS) provides mediation to help parents resolve disagreements about the care of their child. The mediator will meet with you and the other parent to try to help you both make a parenting plan. An orientation may be provided that offers additional information about the process.

If you are concerned about meeting with the other parent in mediation, or there is a domestic violence issue or a protective order involving the other parent, you may ask to meet alone with the mediator without the other parent. You may also request to have a support person with you at mediation. The support person may not speak for you.

Do we have to agree to a parenting plan in mediation?

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

FL-314-INFO Child Custody Information Sheet—Child Custody Mediation

Are there other ways to resolve our dispute?

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

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

Court Hearing

When the parents cannot agree to a parenting plan on their own, in mediation, or in any other ADR process, the judge will decide.

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

Where can I get help?

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

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



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons with Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)

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

1. LEGAL RELATIONSHIP (check all that apply):

- a. We are married.
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
- b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. STATISTICAL FACTS

- a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. MINOR CHILDREN

- a. There are no minor children.
- b. The minor children are:

Child's name	Birthdate	Age	Sex

(1) continued on Attachment 4b. (2) a child who is not yet born.

- c. If any children listed above were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

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

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

11. OTHER REQUESTS

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

Continued on Attachment 11c.

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

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

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

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

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

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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
 after school

to _____ at _____ a.m. p.m./ if applicable, specify: _____

start of school
 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
 after school

to _____ at _____ a.m. p.m./ if applicable, specify: _____

start of school
 after school

(3) Weekdays starting (date):

from _____ at _____ a.m. p.m./ if applicable, specify: _____

start of school
 after school

to _____ at _____ a.m. p.m./ if applicable, specify: _____

start of school
 after school

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

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

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

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

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

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

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

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

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

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

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

Petitioner's name is:
Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form **FL-120**) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

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

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local county bar association.

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

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.

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

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

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2: Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

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

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

[SEAL]

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

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

STANDARD FAMILY LAW RESTRAINING ORDERS

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

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

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

NOTICE—ACCESS TO AFFORDABLE HEALTH

INSURANCE: Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

WARNING—IMPORTANT INFORMATION

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

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

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

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

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

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
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/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
 —or—
 - b. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 —or—
 - c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
 and
 - d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105) (5) Completed and blank *Financial Statement (Simplified)* (form FL-155)
 (2) Completed and blank *Declaration of Disclosure* (form FL-140) (6) Completed and blank *Property Declaration* (form FL-160)
 (3) Completed and blank *Schedule of Assets and Debts* (form FL-142) (7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
 (4) Completed and blank *Income and Expense Declaration* (form FL-150) (8) Other (specify):

2. Address where respondent was served:

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

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

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

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

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

4. Person who served papers

Name:
Address:

Telephone number:

This person is

- a. exempt from registration under Business and Professions Code section 22350(b).
- b. not a registered California process server.
- c. a registered California process server: an employee or an independent contractor
- (1) Registration no.:
- (2) County:
- d. The fee for service was *(specify)*: \$
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
6. I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS)



(SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY/PARENT: _____	
APPLICATION FOR ORDER FOR <input type="checkbox"/> PUBLICATION OR <input type="checkbox"/> POSTING	CASE NUMBER: _____

1. **Publication Request:** The petitioner requests that the court issue an order directing service of the summons listed in item 3 based on Code of Civil Procedure section 413.30, and that the summons be published in the following newspaper of general circulation (*name of proposed newspaper of general circulation where respondent is most likely to receive actual notice*):

2. **Posting Request:** The petitioner requests that the court issue an order directing service of the summons listed in item 3 by posting at the location listed below. The petitioner has submitted a *Request to Waive Court Fees* (form FW-001). This request is based on Code of Civil Procedure section 413.30.

Posting location (name, city, and state of proposed location to post where respondent is most likely to receive actual notice):

3. **The legal documents to be served are:**
- a. *Summons (Family Law)* (form FL-110)
 - b. *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210)
 - c. *Other (specify):*

PETITIONER: RESPONDENT: OTHER PARTY/PARENT:	CASE NUMBER:
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4 The respondent cannot with reasonable diligence be served in any manner specified in Code of Civil Procedure sections 415.10 through 415.40 based on the declaration below.

5. Declaration:

Describe how you tried to find the respondent. This search may include checking with respondent's last known address; respondent's friends and family, respondent's current and past employers and any unions, Internet research, and the tax assessor records in the county of respondent's last known address or any county in which you think the respondent may live. List all steps, the date you took each step, and the results. (You may want to check with your local court's self-help center or the California courts on-line self-help center for additional ideas about how to locate someone).

- a. I last saw or had contact with the respondent on (date):
at (location):
- b. The last address I have for respondent is:
- c. The last work or business address I have for respondent is:
- d. I have taken the following steps to try to find the respondent:

- Continued on the attached declaration. Number of pages attached: _____
- Search results attached.

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT:	
ORDER FOR <input type="checkbox"/> PUBLICATION OR <input type="checkbox"/> POSTING	CASE NUMBER:

1. **Publication Granted:** The court finds that the respondent cannot be served in any other manner specified in the California Code of Civil Procedure. The court orders that the documents listed in item 6 be served by publication at least once per week for four successive weeks in the following newspaper (specify):

2. **Posting Granted:** The court finds that the respondent cannot be served in any other manner specified in the California Code of Civil Procedure and that the petitioner cannot afford to serve by publication. The court orders that the documents listed in item 6 be served by posting for 28 continuous days at the following location (address):

And that the documents in item 6, along with this order, be mailed to respondent's last known address (specify):

3. **Publishing Denied:** The court denies the request to publish.
 - a. Other methods of service are possible.
 - b. Insufficient attempts have been made to locate the respondent (specify):

4. **Posting Denied:** The court denies the request to post.
 - a. Other methods of service are possible.
 - b. Petitioner is able to pay fees required for publication.
 - c. Insufficient attempts have been made to locate the respondent (specify):

5. **Hearing Required:** The court orders that a hearing be set to determine the petitioner's financial circumstances. If at this hearing the court decides that the petitioner, based on financial circumstances, does not qualify for posting, then the court may order that the documents listed in item 6 be served by publication.

Hearing date: _____ Time: _____ Dept: _____

6. Documents to be served by publication or posting:
 - a. Summons (Family Law) (form FL-110)
 - b. Summons (Uniform Parentage—Petition for Custody and Support) (form FL-210)
 - c. Other (specify):

7. If, during the 28 days of publication or posting, you locate the respondent's address, you must have someone 18 years of age or older mail the documents listed in item 6 to the respondent along with this order. The server must complete and file with the court a *Proof of Service by Mail* (form FL-335).

Date: _____

JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARTY/PARENT:	CASE NUMBER:
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INSTRUCTIONS

Publication:

1. **Publication:** Take this order to the approved newspaper for publication and pay the fee to publish the documents listed in item 6 of this order for at least once a week for four successive weeks.
2. **Proof of Service by Publication:** After the newspaper publication is complete, the newspaper will send you a declaration or affidavit of publication and a copy of the publication notice that appeared in the newspaper. You must file this declaration or affidavit of publication with the court clerk if it has not been filed by the newspaper. Be sure to make a copy for yourself.
3. **Service by Publication Completed:** Service by publication is complete at the end of the 28th day of publication in the newspaper. If no response has been filed by the respondent, the petitioner may file a *Request to Enter Default* (form FL-165) starting on the 59th day after the first day of publication.
4. **Mailing:** If during the time of publication, you locate the respondent's address, you must have someone 18 years of age or older mail the this order and all documents listed in item 6 of this order to the respondent. Be sure the person who mails these documents completes and files a proof of service of this mailing. The server may use *Proof of Service by Mail* (form FL-335).

Posting:

1. **Posting Location:** You must have someone, 18 years of age or older and not a party to the case, post a copy of this *Order for Publication or Posting* (form FL-982) and all documents listed in item 6 of this order at the court-ordered posting location leaving it posted for 28 days in a row.
2. **Mailing to last known address:** You must have someone, 18 years or older and not a party to the case, mail this *Order for Publication or Posting* (form FL-982) and all documents listed in item 6 of this order to the respondent's last known address. The person who mails these documents completes a proof of service of this mailing. The server may use *Proof of Service by Mail* (form FL-335).
3. **Proof of Service by Posting:** The person (server) who posts and/or mails these documents must complete and file a declaration under penalty of perjury of such proof of posting. The server may use *Proof of Service of Posting* (form FL-985).
4. **Service by Posting Completed:** Service by posting is complete at the end of the 28th day of posting. If no response has been filed by the respondent, the petitioner may file a *Request to Enter Default* (form FL-165) on the 59th day after the first day of posting.
5. **Mailing:** If during the time of posting, you locate the respondent's address, you must have someone 18 years of age or older mail the this order and all documents listed in item 6 of this order to the respondent. Be sure the person who mails these documents completes and files a proof of service of this mailing. The server may use *Proof of Service by Mail* (form FL-335).

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT:	
PROOF OF SERVICE BY POSTING	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 by posting copies of:
- a. *Summons (Family Law)* (form FL-110)
 - b. *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210)
 - c. Other (*specify*): _____

2. Location where documents were posted:

3. Date when documents were first posted:

Date when documents were removed (*document must be posted at least 28 days*):

4. My Name:

My Address:

My Telephone No.:

I am (*specify*):

- 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: _____

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

-or-

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

Date:

 (NAME OF PERSON WHO SERVED PAPERS)

▶ _____
 (SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/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 <i>(specify below)</i> :	\$ _____

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 <i>(specify)</i> :		
(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)*:

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 fo 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>
---------------------	-------------------	---	--

6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Orders Attachment (form FL-341(B))* must be attached and must be obeyed.)

7. **Visitation (Parenting Time)**

- a. Reasonable right of visitation to the party without physical custody (not appropriate in cases involving domestic violence)
- b. See the attached _____ -page document
- c. The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d. No Visitation (Parenting Time)
- e. Visitation (Parenting Time) for the petitioner respondent other (name):
will be as follows:

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

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

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

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

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

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

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

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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11. **Holiday schedule.** The children will spend holiday time as listed below in the attached schedule (*Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)

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

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

14. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

15. **Other (specify):**

THIS IS A COURT ORDER.

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

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

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

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

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

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

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

Date:

(TYPE OR PRINT NAME)

▲

SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

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

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

Identify the type of declaration completed

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

Description of the Property Declaration chart

Pages 1 and 2

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

Page 3

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

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

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

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

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

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

Complete all columns on the form.

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

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

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

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

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

Date:

(TYPE OR PRINT NAME)

SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

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

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

Identify the type of declaration completed

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

Description of the Property Declaration chart

Pages 1 and 2

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

Page 3

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

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

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

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

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

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

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

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

	A	B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED <i>(mm/dd/yyyy)</i>	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	\$	\$
			\$		\$		\$	\$	\$

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

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:
ATTORNEY FOR (<i>Name</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER:	
RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

— INSTRUCTIONS —

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

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

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

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

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

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

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

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<div style="text-align: center;">DECLARATION OF DISCLOSURE</div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

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

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

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

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

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

Date:

 (TYPE OR PRINT NAME) _____
 SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 	
TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

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

2. Petitioner's Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
 - the other party the other party's attorney by personal service mail
 - Other (specify):
on (date):

3. Petitioner's Respondent's *Final Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
 - the other party other party's attorney by personal service mail
 - Other (specify):
on (date):

4. Service of Petitioner's Respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). (Form FL-144 may be used for this purpose.) The waiver was filed on (date):
 is being filed at the same time as this form.
 - b. The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

Date: _____

_____ (TYPE OR PRINT NAME)	_____ SIGNATURE
-------------------------------	--------------------

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT	CASE NUMBER: _____

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

1. To (name of individual being served): _____

NOTICE

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

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

2. Date of mailing (specify): _____

3. _____
(TYPE OR PRINT SENDER'S NAME)

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

ACKNOWLEDGMENT OF RECEIPT

4. I agree I received the following:

- a. Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
- b. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
- c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
- (2) Completed and blank *Declaration of Disclosure* (form FL-140)
- (3) Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (4) Completed and blank *Property Declaration* (form FL-160)
- (5) Completed and blank *Income and Expense Declaration* (form FL-150)
- (6) Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
- (8) Other (specify): _____

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

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

▶ _____
(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)

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

1. **LEGAL RELATIONSHIP** (check all that apply):
 - a. We are married.
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):
 - a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
 - b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
 - c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. **STATISTICAL FACTS**
 - a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years Months
 - b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____ (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years Months

4. **MINOR CHILDREN**
 - a. There are no minor children.
 - b. The minor children are:

Child's name	Birthdate	Age	Sex

(1) continued on Attachment 4b. (2) a child who is not yet born.

 - c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
 - d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
 - e. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

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

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

11. OTHER REQUESTS

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

Continued on Attachment 11c.

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

Date:

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF RESPONDENT)

Date:

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

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

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

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

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

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

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

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

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

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

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

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

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

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

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

7. Number of pages attached: _____

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

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

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

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

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

2. Age and education

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

3. Tax Information

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

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

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

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

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF DECLARANT)

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

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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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):

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

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

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

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

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

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

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

Date:

_____ (TYPE OR PRINT NAME)

_____ SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

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

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

Identify the type of declaration completed

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

Description of the Property Declaration chart

Pages 1 and 2

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

Page 3

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

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

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

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>Name</i>): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<div style="text-align: center;">DECLARATION OF DISCLOSURE</div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

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

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

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

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

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

Date:

 (TYPE OR PRINT NAME) _____
 SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____ OTHER PARENT/PARTY: _____	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER: _____

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

2. Petitioner's Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
 - the other party the other party's attorney by personal service mail
 - Other (specify): _____
 - on (date): _____

3. Petitioner's Respondent's *Final Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
 - the other party other party's attorney by personal service mail
 - Other (specify): _____
 - on (date): _____

4. Service of Petitioner's Respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.) (Form FL-144 may be used for this purpose.) The waiver was filed on (date): _____
 is being filed at the same time as this form.
 - b. The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date): _____
 - c. This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

Date: _____

_____ (TYPE OR PRINT NAME)	_____ SIGNATURE
-------------------------------	--------------------

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

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER:	
RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

— INSTRUCTIONS —

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

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

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

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

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

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

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

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

Date:

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

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-300, *Request for Order* 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, *Request to Waive Court Fees*
- Form FW-003, *Order on Court Fee Waiver (Superior Court)*

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 find court holidays, go to www.courts.ca.gov/holidays.htm.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Request for Order* 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: FAX NO. (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002 </td> <td style="width: 50%; border: none;"> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002 </td> </tr> </table>	Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002	North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002	
Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002	North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:			
FAMILY LAW JUDGMENT CHECKLIST DISSOLUTION (DIVORCE) LEGAL SEPARATION DOMESTIC PARTNERSHIP	CASE NUMBER:		

INSTRUCTIONS:

Use this checklist to show the Court that you have turned in all the forms needed to get a Judgment in your case. There are three types of cases:

1. True Default - No Response filed, no written agreement
2. Default case with written agreement - No Response filed
3. Uncontested - Appearance by both parties and a written agreement

Check the box below for your type of case (one of the three listed above). Then complete all the items in that checklist. You only need to complete the checklist for your case type. All items must be completed either by checking each line to indicate you have filed that form or by marking "N/A" to indicate that an item is not applicable.

So that we can get your forms back to you, please turn in an envelope that is addressed to you, is large enough and has enough postage. If you do not want your forms mailed, give us other instructions.

CHECKLIST FOR ALL THREE (3) TYPES OF CASES (See Additional Checklists below):

1. **FEE WAIVER - Government Code § 68637(d) & (e)**
Note: 1. The Court can look to one party for the payment of BOTH parties' or the other party's previously waived fees. **2.** Be aware that the Judgment may not be entered except upon payment of all outstanding fees owed by one or both parties or upon the granting of new fee waivers upon submission of new applications by both parties.]

 There have been no fee waivers for any party in this case.
 Petitioner Respondent has received a fee waiver in this case.
 Petitioner Respondent has paid all previously waived fees and there are no unpaid fees outstanding. Written receipts are included herein.
 Petitioner Respondent contends he/she continues to qualify for a fee waiver and is requesting a new fee waiver.
 Updated fee waiver applications for BOTH parties are included herein.
 Other (please explain)
2. Notice of Entry of Judgment [FL-190] and two (2) self-addressed envelopes with postage pre-paid (one for each party)
3. If there are minor children in the case attach a:
 Notice of Rights and Responsibilities/Information Sheet on Changing a Child Support Order [FL-192]
 Child Support Case Registry Form [FL-191]
 Order/Notice to Withhold Income [FL-195]

ADDITIONAL CHECKLIST FOR:

TRUE DEFAULT CASE (No Response filed and NO WRITTEN AGREEMENT between the parties)

- 1. Proof of Service of Summons [FL-115]* (check one of the following)
 - Personal Service [FL-115]
 - Notice and Acknowledgement of Receipt attached [FL-117]
 - Service out-of-state by certified mail with receipt attached [FL-115 or out-of-state form]
 - Other (please describe) _____
- 2. Declaration Regarding Service of Petitioner's (Preliminary) Declaration of Disclosure [FL- 141] (submit endorsed- filed copy if previously filed)
- 3. Declaration Regarding Service of Petitioner's (Final) Declaration of Disclosure [FL-141] or Waiver of Final Declaration of Disclosure
- 4. Request to Enter Default [FL-165] with one (1) self-addressed envelope with postage pre-paid
 - Income and Expense Declaration [FL-150]
(If you are requesting spousal support or attorney fees/costs)
 - Financial Statement (simplified) [FL-155]
(If you have a minor child, you are not requesting spousal support or attorney fees/costs, and you qualify for this form according to the instructions on page 2 of the form; if you have a minor child and you do not qualify, you must complete an Income and Expense Declaration)
 - Property Declaration [FL-160]
(If you have any requested property in your Petition)
- 5. Declaration for Default Custody and Visitation Orders for cases with minor children [Local form FL.030] and Proof of Service [FL-335] (submit endorsed-filed copy if previously filed)
- 6. Declaration for Default or Uncontested Dissolution/Legal Separation [FL-170]
- 7. Judgment [FL-180]
(You must request that spousal support be ordered, terminated or reserved)
 - If you are requesting spousal support orders, include a Declaration following Local Rule 16.18 F(2) ¹ and Proof of Service [FL-335]
 - If you are requesting property division include Property Order Attachment [FL-345]
- 8. If there are minor children in the case attach a:
 - Child Custody and Visitation Attachment [FL-341]
 - Child Support Order Attachment [FL-342]
 - Guideline Child Support Computer Calculation
 - Non-Guideline Child Support Findings Attachment [FL-342(A)]

¹ 16.18F.(2) "2. If a request is made for:

- a. establishing by default a permanent spousal or partner support for Petitioner or Respondent, or
- b. terminating by default spousal or partner support for the Respondent, in a "marriage of long duration" (as defined in Family Code §4336(b)).

and there is no attached written agreement concerning spousal or partner support. Petitioner shall file and serve by mail a Declaration at least 15 calendar days before filing the Judgment stating the following:

1. The effective date of the order sought, 2. The proposed duration of support sought, 3. The amount of support sought, 4. The gross and net income of both parties, 5. Information regarding relevant factors under Family Code § 4320"

ADDITIONAL CHECKLIST FOR:

DEFAULT CASE WITH WRITTEN AGREEMENT (No Response filed)

1. **Proof of Service of Summons [FL-115] (check one of the following)**
 - Personal Service [FL-115]
 - Notice and Acknowledgement of Receipt attached [FL-117]
 - Service out-of-state by certified mail with receipt attached [FL-115 or out-of-state form]
 - Other (please describe) _____
2. **Declaration Regarding Service of Petitioner's and Respondent's (Preliminary) Declaration of Disclosure [FL- 141]**
3. **Declaration Regarding Service of Petitioner's and Respondent's (Final) Declaration of Disclosure or Waiver of Final Declaration of Disclosure [FL-141] or Waiver of Final Declaration of Disclosure [FL-144]**
4. **Request to Enter Default [FL-165] with one (1) self-addressed envelope with postage pre-paid**
 - Income and Expense Declaration [FL-150] (If you are requesting spousal support or attorney fees/costs)
 - Financial Statement (simplified) [FL-155] (If you have a minor child, you are not requesting spousal support or attorney fees/costs, and you qualify for this form according to the instructions on page 2 of the form; if you have a minor child and you do not qualify, you must complete an Income and Expense Declaration)
 - Property Declaration [FL-160] (If you have requested any property in your Petition)
 - Written Agreement
5. **Declaration for Default or Uncontested Dissolution/Legal Separation [FL-170]**
6. **Judgment [FL-180] with written agreement (Must address issues regarding spousal support and property division)**
 - Signatures of both parties are notarized by a separate notary and the notaries' seals are affixed
 - Attorney has signed and approved Judgment for represented parties
7. **If there are minor children:**
 - Child Support - State whether child support is at guideline amount or not and include language required in Family Code §4065
 - If below guideline, attach guideline support calculation (such as Dissomaster, X Spouse, etc.)
 - Medical insurance and uninsured health care costs addressed

ADDITIONAL CHECKLIST FOR:

UNCONTESTED CASE (Response OR Appearance, Stipulation and Waivers filed by Respondent and a Written Agreement)

- 1. Appearance, Stipulations, and Waivers [FL-130] (Along with Respondent's 1st appearance fee if not already paid)
- 2. Declaration for Default or Uncontested Dissolution/Legal Separation [FL-170]
- 3. Declaration Regarding Service of Petitioner's and Respondent's (Preliminary) Declaration of Disclosure [FL-141]
- 4. Declaration Regarding Service of Petitioner's and Respondent's (Final) Declaration of Disclosure [FL-141] or Waiver of Final Declaration of Disclosure [FL-144]
- 5. Judgment [FL-180] with Written Agreement
(Spousal support and property division issues are addressed)
 - Signatures of both parties are notarized by a separate notary and the notaries' seals are affixed
 - Attorney has signed and approved Judgment for represented parties
- 6. If there are minor children in the case attach a:
 - Child custody/visitation and Family Code §3048 issues are addressed
 - Child Support - State whether child support is at guideline amount or not and include language required in Family Code §4065
 - If below guideline, attach guideline support computer calculation
 - Medical insurance and uninsured health care costs addressed

I certify that all of the information indicated in this checklist has been provided to the Court.

(DATE) (SUBMITTING PARTY'S PRINTED NAME) (SUBMITTING PARTY'S SIGNATURE)

(* "FL" preceding the number indicates it is a Judicial Council form)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE: FAX NO. (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002 </td> <td style="width: 50%; border: none;"> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002 </td> </tr> </table>	Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002	North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002	
Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002	North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:			
FAMILY LAW CASE MANAGEMENT: STATUS CONFERENCE STATEMENT	CASE NUMBER:		

STATUS CONFERENCE DATE: _____ TIME: _____ DEPT: _____

1. I am:
- a. attorney for petitioner or respondent
 - b. self-represented petitioner or self-represented respondent
 - c. other (explain): _____

The other party is is not represented by an attorney.

Opposing attorney or self-represented party's name, address, and telephone number is:

Name: _____ Representative: _____

Address: _____

Phone: _____

Additional parties and representative information attached.

2. NATURE OF CASE

- a. Have the parties reconciled Yes No
- b. Has the Respondent been served with the Summons and Petition..... Yes No
- c. Do the parties expect to make an agreement..... Yes No
- d. Has this case settled..... Yes No
 Judgment will be filed on/before: _____
- e. Parties working on an agreement and request the CMC be continued Yes No
- f. Has the Petitioner served Respondent with Disclosure Documents..... Yes No
- g. Has the Respondent served Petitioner with Disclosure Documents Yes No
- h. Have the parties had a meeting to try and settle all issues Yes No
- i. Are the parties involved in any private mediation Yes No

NOTICE: You must file this document at least five (5) calendar days before the hearing date listed above.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: 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)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**DECLARATION AND CONDITIONAL WAIVER OF RIGHTS
UNDER THE SERVICEMEMBERS CIVIL RELIEF ACT OF 2003**
Attachment to Appearance, Stipulations, and Waivers (form FL-130)

Notice to Servicemember

The Servicemembers Civil Relief Act of 2003 (50 U.S.C. App. §§ 501–596), formerly known as the Soldiers' and Sailors' Civil Relief Act of 1940, is a federal law that provides protections for military members when they enter active duty. You may obtain a copy of the act from the public law library or from the website of the United States Department of Justice at www.justice.gov.

By signing this conditional waiver and attaching it to *Appearance, Stipulations, and Waivers* (form FL-130), I declare that I am entitled to the benefits of the Servicemembers Civil Relief Act, title 50 United States Code Appendix, sections 501–596 (SCRA), and:

1. To permit the court to decide this cause as an uncontested matter and enter a judgment that incorporates the terms of the written agreement made between the petitioner and me (a copy of which is attached to this form), I make a knowing, intelligent, and voluntary conditional waiver of the right to seek to set aside a default judgment entered against me in this matter, as provided by section 521 of the SCRA.
2. This waiver is conditioned as follows:
 - a. The waiver applies only to a default judgment that incorporates the terms and conditions of the written agreement between the petitioner and me that is titled (*specify*):
 - (1) Stipulation for Judgment
 - (2) Marital Settlement Agreement
 - (3) Other (*specify*):
 - b. The court must enter a judgment in this case that incorporates only the terms and conditions of the above written agreement without any change; and
 - c. Should the court enter a judgment that changes the above written agreement in any way, then I do not waive any of my rights under the SCRA, including my right to seek to set aside the judgment at any time.
3. This conditional waiver was executed during or after a period of military service.

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)

Attention: Clerk of the Court

By law, a servicemember must not be charged a fee to file *Appearance, Stipulations, and Waivers* (form FL-130).

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: OTHER:	
STIPULATION AND WAIVER OF FINAL DECLARATION OF DISCLOSURE	CASE NUMBER:

1. Under Family Code section 2105(d), the parties agree to waive the requirements of Family Code section 2105(a) concerning the final declaration of disclosure.
2. The parties agree as follows:
 - a. We have complied with Family Code section 2104, and the preliminary declarations of disclosure have been completed and exchanged.
 - b. We have completed and exchanged a current *Income and Expense Declaration* (form FL-150) that includes all material facts and information on each party's earnings, accumulations, and expenses.
 - c. We have fully complied with Family Law section 2102 and have fully augmented the preliminary declarations of disclosure, including disclosure of all material facts and information on
 - (1) the characterization of all assets and liabilities,
 - (2) the valuation of all assets that are community property or in which the community has an interest, and
 - (3) the amounts of all community debts and obligations.
 - d. Each of the parties enters into this waiver knowingly, intelligently, and voluntarily.
 - e. Each party understands that this waiver does not limit the legal disclosure obligations of the parties but rather is a statement under penalty of perjury that those obligations have been fulfilled.
 - f. The parties also understand that if they do not comply with these obligations, the court will set aside the judgment.

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

Date:

 (TYPE OR PRINT NAME)

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PETITIONER)

 (SIGNATURE OF RESPONDENT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):	TELEPHONE NO:	FOR COURT USE ONLY
ATTORNEY FOR (Name): <input type="checkbox"/> In Pro Per <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE North Butte County Courthouse 1775 Concord Avenue Chico, CA 95928		
PETITIONER: RESPONDENT:		
<input type="checkbox"/> REQUEST FOR DEFAULT OR UNCONTESTED HEARING <input type="checkbox"/> REQUEST FOR CHILD SUPPORT CALCULATION HEARING		CASE NUMBER:

Please place this proceeding on the Family Law Calendar for hearing at the North Butte County Courthouse, 1775 Concord Ave, Chico, California on _____.

(Date to be inserted by clerk)

This may be heard as an uncontested matter because:

Default of Respondent was entered on (date): _____.

Appearance and Waiver was filed by Respondent on (date): _____.

Response and Waiver was filed by Respondent on (date): _____.

Other

_____.

This matter should be placed on the Family Support Calendar as one of the parties has applied for or is receiving public assistance.

Request made by Attorney for Petitioner Attorney for Respondent Petitioner Respondent.

(Date)

(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
DECLARATION FOR DEFAULT OR UNCONTESTED <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION	CASE NUMBER: _____

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

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

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

7. **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
 - (1) Child support is being enforced in another case in *(county)*:
The case number is *(specify)*:
 - (2) The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
 - (3) I request that this order be based on the petitioner's respondent's earning ability. The facts in support of my estimate of earning ability are *(specify)*:
 Continued on Attachment 7a(3).

- b. Complete items (1) and (2) regarding public assistance.
 - (1) I am receiving am not receiving intend to apply for public assistance for the child or children listed in the proposed order.
 - (2) To the best of my knowledge, the other party is is not receiving public assistance.
- c. The petitioner respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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9. **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. A Voluntary Declaration of Paternity is attached.
- b. Parentage was previously established by the court in (*county*):
 The case number is (*specify*):
 Written agreement of the parties attached here or to the *Judgment* (form FL-180).
10. **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180)
- facts in support in form FL-319
- other (*specify facts below*):
11. The judgment should be entered nunc pro tunc for the following reasons (*specify*):
12. The petitioner respondent requests restoration of his or her former name as set forth in the proposed *Judgment* (form FL-180).
13. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent have been residents of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
16. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
17. This declaration is for the termination of **marital or domestic partner status only**. I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request for a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
- I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.**

19. Other (*specify*):

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

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF DECLARANT)
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CASE NAME <i>(Last name, first name of each party):</i>	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) <input type="checkbox"/> | Clerk's fees | \$..... |
| (2) <input type="checkbox"/> | Process server's fees | \$..... |
| (3) <input type="checkbox"/> | Other <i>(specify):</i> | \$..... |
| | | \$..... |
| | | \$..... |
| | | \$..... |
| 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)
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5. Declaration of nonmilitary status. The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF DECLARANT)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____ TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
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"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): _____
<input type="checkbox"/> Default entered as requested on (date): _____
<input type="checkbox"/> Default not entered. Reason: _____
Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: 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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: RESPONDENT:	
<div style="text-align: center;">JUDGMENT</div> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends: _____	CASE NUMBER: _____

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

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

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

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 - (1) on *(specify date)*: _____
 - (2) on a date to be determined on noticed motion of either party or on stipulation.
- b. Judgment of legal separation is entered.
- c. Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify)*: _____

- d. This judgment will be entered nunc pro tunc as of *(date)*: _____
- e. Judgment on reserved issues.
- f. The petitioner's respondent's former name is restored to *(specify)*: _____
- g. Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CASE NAME (<i>Last name, first name of each party</i>):	CASE NUMBER:
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4. i. The children of this marriage or domestic partnership are:
- (1) Name Birthdate
- (2) Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j. Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
- (2) *Child Custody and Visitation Order Attachment* (form FL-341).
- (3) *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
- (4) Previously established in another case. Case number: _____ Court: _____
- k. Child support is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2) *Child Support Information and Order Attachment* (form FL-342).
- (3) *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
- (4) Previously established in another case. Case number: _____ Court: _____
- l. Spousal, domestic partner, or family support is ordered:
- (1) Reserved for future determination as relates to petitioner respondent
- (2) Jurisdiction terminated to order spousal or partner support to petitioner respondent
- (3) As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
- (4) As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5) Other (*specify*): _____
- m. Property division is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Property Order Attachment to Judgment* (form FL-345).
- (3) Other (*specify*): _____
- n. Attorney fees and costs are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Attorney Fees and Costs Order* (form FL-346).
- (3) Other (*specify*): _____
- o. Other (*specify*): _____

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

Date: _____

5. Number of pages attached: _____

JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

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

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

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

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

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

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180) Judgment (form FL-250)
 Stipulation and Order for Custody and/or Visitation of Children (form FL-355)
 Other (specify):

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, §§ 3400–3465).
2. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
 the United States Other (specify):
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. **Child Custody.** Custody of the minor children of the parties is awarded as follows:

<u>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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- 11. **Holiday schedule.** The children will spend holiday time as listed below in the attached schedule (*Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)

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

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

- 14. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

- 15. **Other (specify):**

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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SUPERVISED VISITATION ORDER**Attachment to Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341)**

1. Evidence has been presented in support of a request that the contact of Petitioner Respondent Other Parent/Party with the child(ren) be supervised based upon allegations of
- abduction of child(ren) physical abuse drug abuse neglect
 sexual abuse domestic violence alcohol abuse other (specify):
- Petitioner Respondent Other Parent/Party 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 Other Parent/Party must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS**3. CHILD(REN) TO BE SUPERVISED**

<u>Child's Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>
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4. TYPE

- a. Supervised visitation b. Supervised exchange only

5. SUPERVISED VISITATION PROVIDER

- a. Professional (individual provider or supervised visitation center) b. Nonprofessional

6. AUTHORIZED PROVIDER

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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Any other mutually agreed-upon third party as arranged.

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

8. PAYMENT RESPONSIBILITY Petitioner: % Respondent: % Other Parent/Party: %

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):
 Other Parent/party will contact professional provider or supervised visitation center no later than (date):

10. THE COURT FURTHER ORDERS

Date:

JUDICIAL OFFICER

Page 1 of 1

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):

		Total gross monthly <u>income</u>	Total monthly <u>deductions</u>	Total hardship <u>deductions</u>	Net monthly disposable <u>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): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT <input type="checkbox"/> Modification	CASE NUMBER:

TO THE PAYOR: This is a court order. You must withhold a portion of the earnings of (specify obligor's name and birthdate):
 and pay as directed below. (An explanation of this order is printed on page 2 of this form.)

THE COURT ORDERS

1. You must pay part of the earnings of the employee or other person who has been ordered to pay support, as follows:
 - a. \$ _____ per month current spousal or partner support
 - b. \$ _____ per month spousal or partner support arrearages
 - c. Total deductions per month: \$ _____
 2. The payments ordered under item 1a must be paid to (name, address):
 3. The payments ordered under item 1b must be paid to (name, address):
 4. The payments ordered under item 1 must continue until further written notice from the payee or the court.
 5. This order modifies an existing order. The amount you must withhold may have changed. The existing order continues in effect until this modification is effective.
 6. This order affects all earnings that are payable beginning as soon as possible but not later than 10 days after you receive it.
 7. You must give the obligor a copy of this order and the blank *Request for Hearing Regarding Earnings Assignment* (form FL-450) within 10 days.
 8. Other (specify):
9. For the purposes of this order, spousal or partner support arrearages are set at: \$ _____ as of (date): _____

Date: _____

 JUDICIAL OFFICER

INSTRUCTIONS FOR EARNINGS ASSIGNMENT ORDER

1. DEFINITION OF IMPORTANT WORDS IN THE EARNINGS ASSIGNMENT ORDER

a. Earnings:

- (1) Wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer;
- (2) Payments for services of independent contractors;
- (3) Dividends, interest, rents, royalties, and residuals;
- (4) Patent rights and mineral or other natural resource rights;
- (5) Any payments due as a result of written or oral contracts for services or sales, regardless of title;
- (6) Payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and
- (7) Any other payments or credits due, regardless of source.

b. Earnings assignment order: a court order issued in every court case in which one person is ordered to pay for the support of another person. This order has priority over any other orders such as garnishments or earnings withholding orders.

Earnings should not be withheld for any other order until the amounts necessary to satisfy this order have been withheld in full. However, an *Order/Notice to Withhold Income for Child Support* for child support or family support has priority over this order for spousal or partner support.

c. Obligor: any person ordered by a court to pay support. The obligor is named before item 1 in the order.

d. Oblige: the person or governmental agency to whom the support is to be paid.

e. Payor: the person or entity, including an employer, that pays earnings to an obligor.

2. INFORMATION FOR ALL PAYORS. Withhold money from the earnings payable to the obligor as soon as possible but no later than 10 days after you receive the *Earnings Assignment Order for Spousal or Partner Support*. Send the withheld money to the payee(s) named in items 2 and 3 of the order within 10 days of the pay date. You may deduct \$1 from the obligor's earnings for each payment you make.

When sending the withheld earnings to the payee, state the date on which the earnings were withheld. You may combine amounts withheld for two or more obligors in a single payment to each payee, and identify what portion of that payment is for each obligor.

You will be liable for any amount you fail to withhold and can be cited for contempt of court.

3. SPECIAL INSTRUCTIONS FOR PAYORS WHO ARE EMPLOYERS

a. State and federal laws limit the amount you can withhold and pay as directed by this order. This limitation applies only to earnings defined above in item 1a(1) and are usually half the obligor's disposable earnings.

Disposable earnings are different from gross pay or take-home pay. Disposable earnings are earnings left after subtracting the money that state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) social

security, (3) state income tax, (4) state disability insurance, and (5) payments to public employees' retirement systems.

After the obligor's disposable earnings are known, withhold the amount required by the order, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.

If the obligor has more than one assignment for support, add together the amounts of support due for all the assignments. If 50 percent of the obligor's net disposable earnings will not pay in full all of the assignments for support, prorate it first among all of the current support assignments in the same proportion that each assignment bears to the total current support owed. Apply any remainder to the assignments for arrearage support in the same proportion that each assignment bears to the total arrearage owed. If you have any questions, please contact the office or person who sent this form to you. This office or person's name appears in the upper left-hand corner of the order.

b. If the employee's pay period differs from the period specified in the order, prorate the amount ordered withheld so that part of it is withheld from each of the obligor's paychecks.

c. If the obligor stops working for you, notify the office that sent you this form of that, no later than the date of the next payment, by first-class mail. Give the obligor's last known address and, if known, the name and address of any new employer.

d. California law prohibits you from firing, refusing to hire, or taking any disciplinary action against any employee ordered to pay support through an earnings assignment. Such action can lead to a \$500 civil penalty per employee.

4. INFORMATION FOR ALL OBLIGORS. You should have received a *Request for Hearing Regarding Earnings Assignment* (form FL-450) with this *Earnings Assignment Order for Spousal or Partner Support*. If not, you may get one from either the court clerk or the family law facilitator. If you want the court to stop or modify your earnings assignment, you must file (by hand delivery or mail) an original copy of the form with the court clerk within 10 days of the date you received this order. Keep a copy of the form for your records.

If you think your support order is wrong, you can ask for a modification of the order or, in some cases, you can have the order set aside and have a new order issued. You can talk to an attorney or get information from the family law facilitator about this.

5. SPECIAL INFORMATION FOR THE OBLIGOR WHO IS AN EMPLOYEE. State law requires you to notify the payees named in items 2 and 3 of the order if you change your employment. You must provide the name and address of your new employer.

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

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

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

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

5. Father's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

- g. Employed Not employed Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

- g. Employed Not employed Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

- a. The order protects: Father Mother Children
- b. From: Father Mother
- c. The restraining order expires on (date):

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

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

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

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

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

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

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

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

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

1. Division of community property assets

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

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

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

2. Division of community property debts

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

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

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

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

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

4. Separate property

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

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

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

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

7. Other orders (specify):

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____ % of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments.

Include the **Remittance ID with the payment** and if necessary this FIPS code: _____

Remit payment to _____ California State Disbursement Unit (SDU/Tribal Order Payee) at _____ P.O. Box 989067, West Sacramento, CA 95798-9067 (SDU/Tribal Payee Address)

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if Required by State or Tribal Law): _____
 Print Name of Judge/Issuing Official: _____
 Title of Judge/Issuing Official: _____
 Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information.

Priority: Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

OMB Expiration Date - 7/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% –to 55% and 65% –if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information:

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

This person has never worked for this employer nor received periodic income.

This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/tribal payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact _____ (issuer name)

by phone: _____, by fax: _____, by e-mail or website: _____.

Send termination/income status notice and other correspondence to: _____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)

by phone: _____, by fax: _____, by e-mail or website: _____.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in tribal, intrastate, and interstate cases as well as all child support orders initially issued in the state on or after January 1, 1994, and all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with 42 USC §666(b)(6)(A)(ii). Except as noted, the following information is required and must be included.

Please note:

- For the purpose of this IWO form and these instructions, "state" is defined as a state or territory.
- Do's and don'ts on using this form are found at www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial or original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is not completed by a state or tribal CSE agency, the sender should contact the CSE agency (see www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an attorney or private individual/entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete line 1i.
- 1h. **Remittance ID (include w/payment).** Identifier that employers must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe.** Name of the city, county, or district sending this form. This must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a CSE program for which this form is being sent. (A tribe should leave this field blank unless submitting this form on behalf of another tribe.)
- 1j. **Order ID.** Unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.
- 1l. **CSE Agency Case ID.** Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information.
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or

other taxpayer identification number.

- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Supplemental Information). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.
- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. **Blank box.** Space for court stamps, bar codes, or other information.

ORDER INFORMATION – Field 4 identifies which state or tribe issued the order. Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

4. **State/Tribe.** Name of the state or tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year.

AMOUNTS TO WITHHOLD - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
- 14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

REMITTANCE INFORMATION - Payments are forwarded to the SDU in each state, unless the order was issued by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

- 15. **State/Tribe.** Name of the state or tribe sending this document.
- 16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.
- 17. **Date.** Effective date of this IWO.
- 18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.
- 19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

For state orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment.

For tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303 (b) of the Federal Consumer Credit Protection Act (15 USC §1673(b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

COMPLETED BY SENDER:

20. **State/Tribe.** Name of the state or tribe sending this document.
21. **Document Tracking ID.** Optional unique identifier for this form assigned by the sender.

Please Note: Employer's Name, FEIN, Employee/Obligor's Name and SSN, Remittance ID, CSE Agency Case ID, and Order ID must appear in the header on pages two and subsequent pages.

22. **FIPS Code.** Federal Information Processing Standards code.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.
24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or tribal payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

COMPLETED BY SENDER:

26. **Signature of Judge/Issuing Official.** Signature (if required by state or tribal law) of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHOLDERS

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State-or tribal-specific information may be included only in the fields below.

COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an

employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for non-employees, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

- 34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
35. **Termination Date.** If applicable, date employee/obligor was terminated.
36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
37. **Last Known Address.** Last known home/mailling address of the employee/obligor.
38. **Final Payment Date.** Date employer sent final payment to SDU/tribal payee.
39. **Final Payment Amount.** Amount of final payment sent to SDU/tribal payee.
40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

COMPLETED BY SENDER:

CONTACT INFORMATION

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
43. **Issuer Phone Number.** Phone number of the contact person.
44. **Issuer Fax Number.** Fax number of the contact person.
45. **Issuer E-mail/Website.** E-mail or website of the contact person.
46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
48. **Issuer Phone Number.** Phone number of the contact person.

- 49. **Issuer Fax Number.** Fax number of the contact person.
- 50. **Issuer E-mail/Website.** E-mail or website of the contact person.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.