



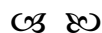
**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
SELF-HELP CENTER
www.occourts.org/self-help**

**PETITION FOR CUSTODY AND SUPPORT
OF A MINOR CHILD**

**All documents must be typed or printed neatly.
Please use black ink.**

Self-Help Center Locations:

Lamoreaux Justice Center
1st Floor
341 The City Drive
Orange, CA



North Justice Center
Room 355
1275 N. Berkeley Avenue
Fullerton, CA

Central Justice Center
Room G-100
700 Civic Center Drive West
Santa Ana, CA



Harbor Justice Center
Room 109, Window #18
4601 Jamboree Road
Newport Beach, CA

Please visit our Self-Help Portal at: <https://selfhelp.occourts.org>



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 THE CITY DRIVE MAILING ADDRESS: CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER: RESPONDENT:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: _____
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. Jurisdiction for bringing action

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

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

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

Child's name	Date of birth	Age	Sex

Continued on Attachment 3.

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

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

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

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

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
--	--------------

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

Continued on Attachment 5d.

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

6. **Fees and cost of litigation**

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

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

8. Other (specify):

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

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

Date:

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

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

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

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

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:

El nombre del demandante:

CASE NUMBER: (Número de caso)

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p><i>Tiene 30 días de calendario</i> después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p><i>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</i></p>
<p>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 bar association.</p>	<p><i>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.</i></p>
<p>NOTICE: <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p>AVISO: <i>La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p>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.</p>	<p>EXENCIÓN DE CUOTAS: <i>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.</i></p>

[SEAL]

- The name and address of the court are: *(El nombre y dirección de la corte son:)*
 Superior Court of California, County of Orange
 341 THE CITY DRIVE ORANGE CA 92868
 LAMOREAUX JUSTICE CENTER
- The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: *(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)*

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

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

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

En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.

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

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes.

Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.

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 toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURA DE SALUD MÁS

ECONOMICO 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 al 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.

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 ORANGE STREET ADDRESS: 341 THE CITY DRIVE MAILING ADDRESS: CITY AND ZIP CODE: ORANGE, CA BRANCH NAME: LAMOREAUX JUSTICE CENTER	
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: _____
---	-----------------------

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: _____
---	-----------------------

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

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

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

<i>(attach documentation of any item listed here, including court orders):</i>	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)*:

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 ORANGE STREET ADDRESS: 341 THE CITY DRIVE MAILING ADDRESS: CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER: _____ <i>(This section applies only to family law cases.)</i> RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF <i>(Name)</i> : _____ <i>(This section applies only to guardianship cases.)</i>	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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Period of residence</td> <td style="width:30%;">Address</td> <td style="width:40%;">Person child lived with <i>(name and complete current address)</i></td> <td style="width:10%;">Relationship</td> </tr> <tr> <td style="text-align: center;">to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> </table>	Period of residence	Address	Person child lived with <i>(name and complete current address)</i>	Relationship	to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>													
Period of residence	Address	Person child lived with <i>(name and complete current address)</i>	Relationship																													
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential																														
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>																														
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>																														
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">b. Child's name</td> <td style="width:25%;">Place of birth</td> <td style="width:20%;">Date of birth</td> <td style="width:15%;">Sex</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i> </td> </tr> <tr> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Period of residence</td> <td style="width:30%;">Address</td> <td style="width:40%;">Person child lived with <i>(name and complete current address)</i></td> <td style="width:10%;">Relationship</td> </tr> <tr> <td style="text-align: center;">to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> </table> </td> <td></td> <td></td> <td></td> </tr> </table>	b. Child's name	Place of birth	Date of birth	Sex	<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Period of residence</td> <td style="width:30%;">Address</td> <td style="width:40%;">Person child lived with <i>(name and complete current address)</i></td> <td style="width:10%;">Relationship</td> </tr> <tr> <td style="text-align: center;">to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> </table>	Period of residence	Address	Person child lived with <i>(name and complete current address)</i>	Relationship	to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>				
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. <i>(If NOT the same, provide the information below.)</i>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Period of residence</td> <td style="width:30%;">Address</td> <td style="width:40%;">Person child lived with <i>(name and complete current address)</i></td> <td style="width:10%;">Relationship</td> </tr> <tr> <td style="text-align: center;">to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> <tr> <td style="text-align: center;">to</td> <td>Child's residence <i>(City, State)</i></td> <td>Person child lived with <i>(name and complete current address)</i></td> <td></td> </tr> </table>	Period of residence	Address	Person child lived with <i>(name and complete current address)</i>	Relationship	to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>													
Period of residence	Address	Person child lived with <i>(name and complete current address)</i>	Relationship																													
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential																														
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>																														
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>																														
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>																														

- 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 <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	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 <i>(name, state, location)</i>
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 <i>(if known)</i>	Orders expire <i>(date)</i>
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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ BAR NO.: _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Lamoreaux - 341 The City Drive, Orange, CA 92868-3205	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
FAMILY LAW NOTICE RE RELATED CASE	CASE NUMBER: _____

The parties must file this form with the Superior Court of Orange County, when a family law case is filed with the Court and when a party discovers that there is a related case. **A related case means one or both parties and/or minor children of the parties are involved in other cases.** Examples of related cases include another family law case, a domestic violence case, a child support collection case, a criminal case, and a juvenile case involving a minor child of one or both of the parties.

Fill in the requested information:

1. I also used the name(s): _____

2. The other party's name is: _____;
 He/She has also used the name(s): _____

3. Other court cases involving either party or a child of either party:
 (If known, please include the case numbers)

	Case Number	Case Name	Court Location/ Justice Center	Person Involved
a.				
b.				
c.				
d.				

4. There are no other court cases involving either party or a child of either party.

Date:

 (TYPE OR PRINT NAME OF PARTY OR ATTORNEY)

 (SIGNATURE OF PARTY OR ATTORNEY)

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>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 THE CITY DRIVE MAILING ADDRESS: CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
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.

