

# PETITION FOR CUSTODY AND SUPPORT OF A MINOR CHILD

## SELF-HELP FORM PACKET



SHC-FL-03 (Rev. 01/01/2025)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to [\*\*www.occourts.org/self-help\*\*](http://www.occourts.org/self-help) (click the button labeled *Contact Self-Help Services*), attach the PDF, and complete the online request form. Make sure to select FAMILY LAW as the case type on the form.

- | <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
|---------------------|------------------|------------|
|---------------------|------------------|------------|

☐ continued on [Attachment 1](#).

- a. ☐ I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. ☐ Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. ☐ Respondent and I have legally adopted a child together.
- d. ☐ Respondent and I have been determined to be the parents in juvenile court or governmental child support.

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

- 4. Child custody and visitation (parenting time).** 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 (parenting time) of children with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If "Other" is checked above, name of the other person is ( <i>specify</i> ):				

The proposed schedule for visitation (parenting time) is as follows:

☐ See the attached form [FL-311](#), *Child Custody and Visitation (Parenting Time) Application Attachment*.

PETITIONER: RESPONDENT:	CASE NUMBER:
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4. 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.
- i. ☐ I request that visitation (parenting time) be supervised for the following persons, with the following restrictions:
- ☐ Continued on [Attachment 4i](#).
- j. ☐ Other (*specify*):
5. **Fees and cost of litigation**
- a. Attorney's fees will be paid by ☐ petitioner ☐ respondent.
- b. ☐ Each party will pay their own attorney's fees.
6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.
7. Other (*specify*):

8. I have read the restraining order on the back of the *Summons* (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 a copy of 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

(Parentage—Custody and Support)

# CITACIÓN (Paternidad—Custodia y Manutención)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

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)

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

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (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.

Tiene **30 días de calendario** 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.

If you do not file your *Response* 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.

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.

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](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local bar association.

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](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://www.lawhelpca.org)), o poniéndose en contacto con el colegio de abogados de su condado.

**NOTICE:** 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.

**AVISO:** 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 despidia 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.

**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:)

Superior Court of California, County of Orange  
341 THE CITY DRIVE ORANGE CA 92868  
LAMOREAUX JUSTICE CENTER

2. 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](http://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](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

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

- (If you have more than one job, attach an 8 1/2-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.)

## Date:

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PETITIONER: RESPONDENT: OTHER PARTY/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 <input type="checkbox"/> federally taxable* .....	\$	_____
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 allowances, royalty payments) (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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
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).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.



PETITIONER: RESPONDENT: OTHER PARTY/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) <input type="checkbox"/> Rent or <input type="checkbox"/> 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): \$ _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____
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**14. Installment payments and debts not listed above**

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

**15. Attorney fees** (This information 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: RESPONDENT: OTHER PARTY/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 expense for the children in this case**

- |  | Amount per month |
|--|------------------|
| a. Childcare 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 <i>(examples: fire, theft, other insured loss)</i> .....  | \$ _____         | _____                |
| 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 NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: RESPONDENT:  OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	CASE NUMBER:
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one): ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): \_\_\_\_\_ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, 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"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
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 or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

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

a. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: \_\_\_\_\_

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

Date:

\_\_\_\_\_  
 (NAME OF DECLARANT)



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

**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.**

# CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):  TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): BAR NO.:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> Lamoreaux JUSTICE CENTER: - 341 The City Drive, Orange, CA 92868-3205	
CASE NAME:	
<b>CONFIDENTIAL – PARTY IDENTIFICATION AND NOTICE OF RELATED CASE(S)</b>	CASE NUMBER:

Pursuant to Orange County Local Rules of Court 701.5, in order to avoid duplicate cases, conflicting orders and unnecessary hearings, parties must disclose all related cases when a Family Law case is filed or when a party discovers there is a related case in Orange County or another county. **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 case, a criminal case, and a juvenile case involving a minor child of one or both of the parties.

1. **PARTIES TO THE CASE:** For the case number listed above, specify identifying information for any adult, parent and/or guardian who is a party to the case:

Provide as much information as possible. If information is not available, please write **UNKNOWN**.

a. ☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT ☐ OTHER PARTY:  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: ☐ Male ☐ Female ☐ Nonbinary Email Address: \_\_\_\_\_  
Other name(s) used: \_\_\_\_\_

b. ☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT ☐ OTHER PARTY:  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: ☐ Male ☐ Female ☐ Nonbinary Email Address: \_\_\_\_\_  
Other name(s) used: \_\_\_\_\_

2. **Have you or a member of your family ever served in the military regardless of discharge status?**

☐ Yes ☐ No

3. ☐ **THERE ARE NO RELATED CASES.**

4. **RELATED CASES:** If you, your minor children, or the minor children of any other party to this Family Law proceeding have been involved in another court action with any of the persons listed on this form, provide the case information below. If any information is unknown, leave the section blank.

	Case Number	Case Name	Person Involved	Court Location
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

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

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: *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 Determine Parental Relationship* (form [FL-200](#) ), *Summons* (form [FL-210](#) ), and blank *Response to Petition to Determine 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 (UCCJEA)* (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):

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 the person 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 the person 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.

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

4. **Person who served papers**

Name:

Address:

Telephone number:

This person is

- a. ☐ exempt from registration under Business and Professions Code section 22350(b).
- b. ☐ not a registered California process server.
- c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor
- (1) Registration no.:
- (2) County:
- (3) **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)