

# PETITION TO ESTABLISH A PARENTAL RELATIONSHIP (PATERNITY ACTION)

## SELF-HELP FORM PACKET



SHC-P-01 (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.

# 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 South  
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.

- Form Approved for Optional Use  
Judicial Council of California  
FL-200 [Rev. September 1, 2021]

Family Code, § 7630  
[www.courts.ca.gov](http://www.courts.ca.gov)

PETITIONER: RESPONDENT:	CASE NUMBER:
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Petitioner asks the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP (*check all that apply*):

- a. ☐ Petitioner ☐ Respondent is the parent of the children listed in item 2.
- b. ☐ Petitioner ☐ Respondent is not the parent of the children listed in item 2.
- c. ☐ Petitioner requests genetic testing to determine whether the ☐ Petitioner ☐ Respondent is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. If ☐ Petitioner ☐ Respondent is found to be the parent of the children listed in item 2.

	Petitioner	Respondent	Joint	Other
b. Legal custody of children to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical custody of children to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child visitation (parenting time) be granted to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in ☐ form [FL-311](#) ☐ form [FL-312](#) ☐ form [FL-341\(C\)](#)  
☐ form [FL-341\(D\)](#) ☐ form [FL-341\(E\)](#) ☐ Attachment 8d

- e. The facts in support of the requested custody and visitation (parenting time) orders are (*specify*):  
☐ Contained in the attached declaration.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

Reasonable expenses of pregnancy and birth to be paid by as follows:	Petitioner <input type="checkbox"/>	Respondent <input type="checkbox"/>	Joint <input type="checkbox"/>
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10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

☐ Children's names be changed, according to Family Code section 7638, as follows (*specify old and new names*):

12. CHILD SUPPORT

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13. ☐ OTHER ORDERS REQUESTED (*specify*):

14. I have read the restraining order on the back of the *Summons* (form [FL-210](#)) and I understand 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 to Determine Parental Relationship* (form [FL-220](#)) 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 upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon 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.**

**ATTACHMENT B**

**Attachment to Petition to Determine Parental Relationship**

**Petitioner requests the following orders:**

☐ Change child's name from: \_\_\_\_\_  
to: \_\_\_\_\_

☐ Amend birth certificate to  
change child's name from: \_\_\_\_\_  
to: \_\_\_\_\_

☐ Make a Finding of  
Non-Parentage as to Respondent: \_\_\_\_\_

☐ Make a Finding of  
Parentage as to Respondent: \_\_\_\_\_

☐ Make a Finding of  
Non-Parentage as to Co-Respondent: \_\_\_\_\_

☐ Make a Finding of Parentage as to  
Co-Respondent: \_\_\_\_\_

☐ Amend Birth Certificate to add name: \_\_\_\_\_

☐ Amend Birth Certificate to remove name: \_\_\_\_\_

☐ Amend Birth Certificate as follows: \_\_\_\_\_  
\_\_\_\_\_

☐ Other orders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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> Orange STREET ADDRESS: 341 The City Drive South MAILING ADDRESS: CITY AND ZIP CODE: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
<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: \_\_\_\_\_

# What's Next?

## 1. Optional Review

Before you file your court forms to start your Petition to Determine a Parental Relationship case, you can contact Self-Help Services for a free document review. Self-Help staff will review your documents for completeness. To request a review, save your forms electronically as a single PDF file. Then go to [www.occourts.org/self-help](http://www.occourts.org/self-help) and click on 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.

## 2. File Your Forms

Once your forms are ready to file, these are your filing options:

- **Electronic filing (eFiling)** – Go to <https://www.occourts.org/online-services/family-efiling/>.
- **Drop-box** – Drop your forms in the white box located outside the front entrance of the Lamoreaux Justice Center. The drop-box is currently open 24/7.
- **In person** – Walk-in and file in person at the Lamoreaux Justice Center Family Law Clerks Office, Room 706
- Monday - Friday 8:00 am - 4:00 pm (except Court holidays).
- **US Mail** – Send your documents via first class mail to:  
**Lamoreaux Justice Center**  
**341 The City Drive**  
**Orange, CA 92868**  
**Attn: 7th Floor Family Law Clerk's Office**

If you are filing by mail or by using the drop-box, you must provide the original forms, two sets of copies and an empty, self-addressed, manila envelope with sufficient postage to have your copies sent back to you in the envelope.

There is a \$435 filing fee, which must be submitted with your Petition. If you file by mail or by drop-off, include a check or money order payable to the "Clerk of the Court."

**Can't afford to pay the fee?** You must submit a *Request to Waive Court Fees* (FW-001) and an *Order on Court Fee Waiver* (FW-003) with your Petition. You can obtain the forms at: <https://www.occourts.org/selfhelp/formpackets/forms/SHC-FW-01.pdf>

## 3. Have Your Paperwork Served

After you file your court forms, someone 18 or older (your "server") delivers copies of your filed forms, along with blank response forms (<https://www.occourts.org/system/files/selfhelp/shc-p-03.pdf>), to the other party. Your server then fills out the *Proof of Service of Summons* (FL-115), and you will file it with the court.

The other party has 30 days from the date of service to file a Response.

## 4. Finalizing Your Case

Once you have completed the steps above, your final step will depend on whether the other party files a Response and/or whether you have an agreement.

If NO Response is filed:	If a Response is filed, And:	
And you want the court to order what you requested in your Petition, select and complete: <i>Default and Judgment to Establish a Parental Relationship</i> ( <a href="#">SHC-P-02</a> )*	You and the other party <u>have an agreement</u> , select and complete: <i>Stipulated Judgment to Establish a Parental Relationship</i> ( <a href="#">SHC-P-04</a> )*	You and the other party <u>do not have an agreement</u> , file form: <i>At-Issue Memorandum for Trial Setting</i> (form number L-0031) <a href="https://www.occourts.org/system/files/l31.pdf">https://www.occourts.org/system/files/l31.pdf</a>

Form Packets can be obtained at:\* <https://www.occourts.org/self-help/self-help-court-form-packets>

You can also contact Self-Help with additional questions about the next steps, go to [www.occourts.org/self-help/](http://www.occourts.org/self-help/)



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

4. **Person who served papers**

Name:

Address:

Telephone number:

This person is

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