

# RESPONSE TO A PETITION TO ESTABLISH A PARENTAL RELATIONSHIP (PATERNITY)

## SELF-HELP FORM PACKET



SHC-P-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.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange</b> STREET ADDRESS: 341 The City Drive South MAILING ADDRESS: CITY AND ZIP CODE: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: RESPONDENT:	
<b>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>	CASE NUMBER:

1. The petitioner
  - a.  is a parent of the children in item 2.
  - b.  is not a parent of the children in item 2.
  - c.  is the child or the child's personal representative (specify court and date of appointment):
  - d.  Other (specify):
  
2. The children are
  - a. Child's name Birthdate Age
  
  
  
  - b.  a child who is not yet born.
  
3. The respondent
  - a.  lives in the state of California.
  - b.  was in California when the children listed in item 2 were conceived.
  - c.  does not live in the state of California.
  - d.  was not in California when the children listed in item 2 were conceived.
  - e.  Other (specify):
  
4. The children
  - a.  live or are found in this county.
  - b.  are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
  
5. The respondent is
  - a.  the parent of the children listed in item 2 above.
  - b.  not certain if the respondent is the parent of the children listed in item 2 above.
  - c.  not the parent of the children listed in item 2 above.
  - d.  Other (specify):
  
6. Additional statements
  - a.  Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
  - b.  Parentage has been established in another case  governmental child support  Other (specify):
  
  - c.  Public assistance is being provided to the children.
  
7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)(form [FL-105](#)) is attached.

PETITIONER: RESPONDENT:	CASE NUMBER:
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The respondent asks that the court make the determinations listed below.

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

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

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- |  | 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. 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 9c](#)
- d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):  
 Contained in the attached [declaration](#).

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth to be paid by as follows:	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 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"/>

12. NAME CHANGE

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

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

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

I have read the restraining order on the back of the *Summons* (form FL-210) and I understand it applies to me.

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶  
\_\_\_\_\_  
(SIGNATURE OF RESPONDENT)

**NOTICE: 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.**

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form

Save this form

Clear this form

**ATTACHMENT B**

**Attachment Response to Petition to Determine Parental Relationship**

**Respondent 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):	STATE BAR NUMBER:   STATE: ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange</b> 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:
Minor		
<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):

<p>a. Name and address of person:</p> <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>b. Name and address of person:</p> <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>c. Name and address of person:</p> <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
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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 ( <i>Name &amp; Address</i> ):  TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR ( <i>Name</i> ): _____ BAR NO.: _____	<i>FOR COURT USE ONLY</i>
<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: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARTY OR ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>     TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> STREET ADDRESS: 341 The City Drive MAILING ADDRESS: Post Office Box 14710 CITY AND ZIP CODE: Orange, California 92868-1570 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  <i>(If applicable, provide):</i>  HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of the following documents *(specify)* :  
 Response to Petition to Determine Parental Relationship (form FL-220); Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105)  
  
 by enclosing them in an envelope AND
  - a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date mailed:
  - d. Place of mailing *(city and state):*
5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)



## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*