

PETITION TO ESTABLISH A PARENTAL RELATIONSHIP (PATERNITY ACTION)

SELF-HELP FORM PACKET



SHC-P-01 (Rev. 09/15/2023)

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 (click the blue button labeled *Click Here to 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.

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

- 1. The petitioner
 - a. gave birth to the children listed in item 2.
 - b. wants to be determined as a parent of the children in item 2 because (*specify*):
 - c. wants to be determined as not a parent of the children listed in item 2 because (*specify*):
 - d. is the child or the child's personal representative (*specify court and date of appointment*):
 - e. Other (*specify*):
- 2. The children are
 - a.

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
 - b. a child who is not yet born.
- 3. The court has jurisdiction over the respondent because the respondent:
 - a. lives in this state.
 - b. had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 - c. Other (*specify*):
- 4. The action is brought in this county because (*you must check one or more to file in this county*):
 - a. the children live or are found in this county.
 - b. a parent is deceased and proceedings for administration of the estate have been or could be started in this county.
- 5. Petitioner claims (*check all that apply*):
 - a. respondent is the parent of the children listed in item 2 above.
 - b. parentage has been determined by a voluntary declaration of parentage or paternity. (*Attach a copy if available.*)
 - c. respondent is the children's parent and has failed to support the children.
 - d. (*name*): _____ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the children should pay:

Amount	Payable to	For (<i>specify</i>):
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 - e. public assistance is being provided to the children.
 - f. Other (*specify*):
- 6. 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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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.

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 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: _____

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 South
 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 <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> Minor	
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>													
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- 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: _____
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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 <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.

CONFIDENTIAL

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

PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 THE CITY DRIVE SOUTH 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: 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](#))
 - (2) Completed and blank Declaration of Disclosure (form [FL-140](#))
 - (3) Completed and blank Schedule of Assets and Debts (form [FL-142](#))
 - (4) Completed and blank Income and Expense Declaration (form [FL-150](#))
 - (5) Completed and blank Financial Statement (Simplified) (form [FL-155](#))
 - (6) Completed and blank Property Declaration (form [FL-160](#))
 - (7) Request for Order (form [FL-300](#)), and blank Responsive Declaration to Request for Order (form [FL-320](#))
 - (8) Other (specify):
- Blank Proof of Service by Mail (FL-335)

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 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.

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)