

PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

Forms are available online at: www.courts.ca.gov

GENERAL INFORMATION

A **Petition for Custody and Support of Minor Children (FL-260)** is used for individuals who have children and are married but living apart; or not married to the other parent of their child and parentage was established by one of the following: a Voluntary Declaration of Paternity or Parentage that has not been rescinded; a Department of Child Support Service case; or a 300 Dependency CPS case. The Petition will allow you to obtain orders about child custody, visitation, and/or child support.

There are jurisdictional requirements that must be met before the court can make child custody orders. These requirements include residency in this state for six months before filing the petition, and that there is no other state that has jurisdiction to make orders about the custody of this child.

The following forms are used when filing a Petition for Custody & Support of Minor Children:

- **FL-260** *Petition for Custody and Support of Minor Children*
- **FL-311** *Child Custody and Visitation Application Attachment:* This attachment is used to tell the Court what child custody and/or parenting plan you would like the Court to order.
- **FL-105** *Declaration Under UCCJEA:* This form tells the Court where the child has been living for the past five years in addition to giving the Court information on any other cases that may exist.
- **FL-210** *Summons:* This notifies the other party that he/she is being sued and also contains some standard restraining orders that apply TO BOTH OF YOU.
- **FL-115** *Proof of Service of Summons:* This form is very important because it determines the date by which the Court has jurisdiction over the other party.

You will also need these BLANK forms to serve on the Other Party:

- **FL-270** *BLANK Response:* (Do not fill this out. It is for the Other Party)
- **FL-105** *BLANK Declaration Under UCCJEA:* (Do not fill this out. It is for the Other Party)

The following are optional forms that are available online or at the Self-Help Center:

- FL-341(C) *Children's Holiday Schedule Attachment* (Optional Attachment)
- FL-341(D) *Additional Provisions-Physical Custody Attachment* (Optional Attachment)
- FL-341(E) *Joint Legal Custody Attachment* (Optional Attachment)

REVISED 1/1/2025

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**

530-822-3305

LEGAL TERMS OF CUSTODY DEFINED

Physical Custody: Who the child primarily lives with

Sole Physical Custody: The child resides with one parent, subject to the power of the court to order visitation with the other parent

Joint Physical Custody: Each parent has periods of physical custody. It does not have to be equal time

Legal Custody: Who makes the decisions about the child's health, education, and welfare

Sole Legal Custody: One parent shall have the right to make decisions about the child's health, education, and welfare

Joint Legal Custody: Both parents share in making the decisions

FILING AND SERVING INSTRUCTIONS

There is a filing fee for a Petition for Custody and Support of Minor Children. You can apply for a waiver of the court fees.

All originals need to be completed, copied 2 times, and filed with the Court. The Court will keep the originals and Endorse File the copies. When you file your documents, the clerk will give you 2 copies of a **Status Conference Minute Order** and a **Referral to Family Court Services**. You will separate all of your Endorsed Filed documents into 2 stacks as follows:

Your Stack

- FL-260 *Petition* (Including attachments)
- FL-105 *Declaration Under UCCJEA*
- FL-210 *Summons*
- Notice of Status Conference
- Referral to Family Court Services

Other Party's Stack

- FL-260 *Petition* (Including attachments)
- FL-105 *Declaration Under UCCJEA*
- FL-210 *Summons*
- Notice of Status Conference
- Referral to Family Court Services
- FL-270 *BLANK Response*
- FL-105 *BLANK Declaration Under UCCJEA*

Have someone **OTHER THAN YOU AND OVER THE AGE OF 18** personally serve the other party with the documents above. Have the server complete the **FL-115 *Proof of Service of Summons*** form. If you are unable to have the documents personally served on the other party, you must meet certain requirements to serve by mailing, publishing in a newspaper, or posting in the courthouse.

FILE THE PROOF OF SERVICE

After the other party has been served and the FL-115 *Proof of Service of Summons* has been completed, make a copy for your records and make sure that the original filed with the Court. **YOUR CASE CANNOT PROCEED UNTIL THIS PROOF OF SERVICE IS FILED WITH THE COURT.**

WHAT'S NEXT?

Filing the Petition is only the first step. 30 days after the Respondent is served, check with the court to see if the other party has filed a response. If a response HAS NOT been filed by the Respondent, you are eligible to attend a Default Parentage Clinic at the Family Law Self-Help Center. You can check the clinic calendar online at www.sutter.courts.ca.gov. or get one from the Self-Help Center. If a response HAS been filed, contact the Self-Help Center for information on how to proceed.

| | | |
|---|--|--------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR STREET ADDRESS CITY: YOUR CITY, STATE, and ZIP CODE TELEPHONE NO.: TELEPHONE # E-MAIL ADDRESS: ATTORNEY FOR (name): | STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME: | | |
| PETITIONER: YOUR LEGAL NAME RESPONDENT: OTHER PARTY'S LEGAL NAME | | |
| PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN | | CASE NUMBER: |
| NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship. | | |

1. I am the petitioner. The respondent and I are the parents of the following minor children:

| Child's name | Birthdate | Age |
|---|---|-------------|
| CHILD'S FULL NAME (OLDEST CHILD FIRST) | CHILD'S DATE OF BIRTH MONTH / DAY / YEAR | CHILD'S AGE |

continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

CHECK THE BOXES THAT APPLY TO YOUR CASE.

- 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.
 Case number: _____
 County: _____ State: _____ Country (if not the United States): _____

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

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

CHECK THE BOXES TO TELL THE COURT WHO YOU WANT TO HAVE LEGAL AND PHYSICAL CUSTODY OF THE CHILD(REN), AS WELL AS VISITATION.

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

| | | |
|----------------------------|---|--------------|
| PETITIONER: RESPONDENT: | YOUR NAME OTHER PARTY'S NAME | CASE NUMBER: |
|----------------------------|---|--------------|

CHECK THE BOXES IF YOU USE ANY OF THESE OPTIONAL FORMS.

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:

IF YOU ARE REQUESTING THAT THE RESPONDENT'S VISITATION BE SUPERVISED, CHECK THE BOX AND WRITE: "SEE FL-311."

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.

IF YOU ARE REQUESTING AN ORDER FOR ATTORNEY FEES, CHECK THE APPROPRIATE BOX.

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.

| | | | |
|---|---|--------------|--------------------------|
| PETITIONER: RESPONDENT: PETITIONER/PARTY: | FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS | CASE NUMBER: | COURT CASE NUMBER |
|---|---|--------------|--------------------------|

CHECK A BOX TO SHOW WHAT THIS FORM IS BEING ATTACHED TO

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. a. **Custody.** Custody of the minor children of the parties is requested as follows: [Attachment 1a.](#)

COMPLETE #1 a.
IF THERE ARE ALLEGATIONS OF ABUSE, ALSO COMPLETE #1 b.

| <u>Child's Name</u> | <u>Date of Birth</u> | <u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i> | <u>Physical Custody to</u> <i>(person the child regularly lives with)</i> |
|---|---|---|--|
| CHILD'S FULL NAME (OLDEST CHILD FIRST) | CHILD'S DATE OF BIRTH MONTH / DAY / YEAR | WRITE IN THE NAME(S) OF WHO YOU WANT TO MAKE DECISIONS ABOUT THE CHILD | WRITE IN THE NAME(S) OF WHO YOU WANT THE CHILD TO LIVE WITH |

b. **Custody with allegations of a history of abuse or substance abuse**

COMPLETE (1) OR (2) FOR ABUSE ALLEGATIONS.

- (1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

COMPLETE (3) OR (4) FOR CUSTODY ORDERS REQUESTED.

- (3) I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4) Even though there are allegations, I ask that the court make the child custody orders in item 1a. *(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)*
- Below: [Attachment 1b.](#) Other (specify):

CHECK ALL BOXES IN #2 THAT APPLY. DESCRIBE THE PARENTING PLAN THAT YOU WANT THE COURT TO ORDER.

2. **Visitation (Parenting Time).**

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

- a. Reasonable right of parenting time (visitation) to the party without physical custody **(not appropriate in cases involving domestic violence).**
- b. See the attached _____ -page document dated (specify date):
- c. The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d. No visitation (parenting time).

| | | | |
|---|---|--------------|--------------------------|
| PETITIONER: RESPONDENT: OTHER PARENT/PARTY: | FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS | CASE NUMBER: | COURT CASE NUMBER |
|---|---|--------------|--------------------------|

- e. Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")
 Petitioner's **Respondent's** **Other Parent's/Party's** parenting time (visitation) will be as follows:

IF YOU USE THESE BOXES, CHECK WHICH PARTY'S PARENTING TIME YOU ARE DESCRIBING.

(1) **Weekends starting (date):**

(Note: The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month
 from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school
 to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

- (a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, which starts (date):
 (b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

(2) **Alternate weekends starting (date):**

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school
 to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

(3) **Weekdays starting (date):**

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school
 to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

(4) Other visitation (parenting time) days and restrictions are: [listed in Attachment 2e\(4\)](#)
 as follows:

3. **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. **Supervised visitation (parenting time)**

(1) I ask that petitioner respondent other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

IF YOU ARE ASKING FOR THE OTHER PARENT'S VISITATION TO BE SUPERVISED WHERE THERE ARE ALLEGATIONS OF ABUSE, COMPLETE #3 a.

- (a) Domestic violence, child abuse, or neglect.
 (b) Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
 (c) Other parenting concerns (specify below):

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below [in Attachment 3a\(2\)](#) Other (specify):

| | | |
|---|---|---|
| PETITIONER: RESPONDENT: OTHER PARENT/PARTY: | FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS | CASE NUMBER: <div style="border: 2px solid red; padding: 2px; display: inline-block; margin-left: 20px;"> COURT CASE NUMBER </div> |
|---|---|---|

(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

(i) The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.

(ii) The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.

(iii) The provider's phone number is (specify):

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
other parent/party: _____ percent.

b. **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

IF YOU ARE ASKING FOR THE OTHER PARENT'S VISITATION TO BE UNSUPERVISED WHERE THERE ARE ALLEGATIONS OF ABUSE, COMPLETE #3 b.

(1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.

(2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): Petitioner Respondent Other parent/party

(4) The reasons why the court should make the orders are (specify):
(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)

Below: [in Attachment 3b.](#) Other (specify):

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.

b. Transportation to begin the visits will be provided by (name):

c. Transportation from the visits will be provided by (name):

d. The exchange point at the beginning of the visit will be (address):

e. The exchange point at the end of the visit will be (address):

f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other (specify):

SECTION 4 IS FOR REQUESTING SPECIFIC TRANSPORTATION ORDERS.

| | | |
|---|---|--|
| PETITIONER: RESPONDENT: OTHER PARENT/PARTY: | FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS | CASE NUMBER: COURT CASE NUMBER |
|---|---|--|

5. **Travel with children** The Petitioner Respondent Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:

a. the state of California.

b. the following counties (*specify*):

c. other places (*specify*):

SECTION 5 IS FOR REQUESTING THE COURT TO RESTRICT TRAVELING WITH THE CHILDREN.

6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached [form FL-312](#).

7. **Children's holiday schedule.** I request the holiday and vacation schedule set out below [on form FL-341\(C\)](#)

SECTIONS 6 – 9 ARE FOR THE OPTIONAL CHILD CUSTODY/VISITATION ATTACHMENTS. CHECK ALL BOXES THAT APPLY FOR THE FORMS YOU USE.

8. **Additional custody provisions.** I request the additional orders for custody set out below [on form FL-341\(D\)](#)

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out below [on form FL-341\(E\)](#)

10. **Other.** I request the following additional orders (*specify*):

| | |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: YOUR NAME FIRM NAME: YOUR STREET ADDRESS STREET ADDRESS: CITY: YOUR CITY, STATE, and ZIP CODE TELEPHONE NO.: TELEPHONE # EMAIL ADDRESS: ATTORNEY FOR (name): | STATE BAR NUMBER: FOR COURT USE ONLY STATE: ZIP CODE: FAX NO.: |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME: | |
| (This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARTY: CHILD'S NAME (Juvenile cases only): | |
| (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): | |
| Minor | CASE NUMBER: COURT CASE NUMBER |
| DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) | |

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the NUMBER OF CHILDREN IN THIS CASE 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. OLDEST CHILD'S NAME | CHILD'S BIRTHDATE | CITY AND STATE WHERE CHILD WAS BORN |
| b. NEXT CHILD (IF MORE THAN ONE) | CHILD'S BIRTHDATE | CITY AND STATE WHERE CHILD WAS BORN |
| c. NEXT CHILD (IF MORE THAN TWO) | CHILD'S BIRTHDATE | CITY AND STATE WHERE CHILD WAS BORN |
| d. NEXT CHILD (IF MORE THAN THREE) | CHILD'S BIRTHDATE | CITY AND STATE WHERE CHILD WAS BORN |

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 | CHILD'S CURRENT ADDRESS | NAME & ADDRESS OF PERSON CHILD LIVES WITH | RELATIONSHIP OF PERSON TO CHILD |
| | | <input type="checkbox"/> Confidential (list state only) | <input type="checkbox"/> Confidential (list state only) | |
| From: | To: | PREVIOUS ADDRESSES FOR THE CHILD FOR 5 YEARS | NAME & ADDRESS OF PERSON CHILD LIVED WITH FOR PREVIOUS 5 YEARS | RELATIONSHIP OF PERSON TO CHILD |
| From: | To: | | | |
| From: | To: | | | |
| From: | To: | | | |

DATES SHOULD BE IN ORDER SO THERE ARE NO GAPS

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: LAST NAME VS. LAST NAME | CASE NUMBER: COURT CASE NUMBER |
|---|---|

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders if you have one and provide the following information):

| Proceeding | Case number | Court (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 | | | | | | |

ANSWER QUESTION #4. TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF YES, COMPLETE THE INFORMATION IN THIS SECTION.

| 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 | | | | |

TELL THE COURT IF THERE ARE ANY DOMESTIC VIOLENCE RESTRAINING ORDERS NOW IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION.

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: | Name and address of person: | c. Name and address of person: |
| b. | | |
| <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights | <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights | <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights |
| Name of each child: | Name of each child: | Name of each child: |
| | | |

ANSWER QUESTION #6. TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.

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: DATE

PRINT YOUR NAME

(NAME OF DECLARANT)



SIGN YOUR NAME

(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.

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

OTHER PARTY'S NAME

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: YOUR 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>Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una <i>Respuesta</i> (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>Si no presenta su <i>Respuesta</i> 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.</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>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.</p> |
| <p>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.</p> | <p>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.</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: 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.</p> |

[SEAL]

1. The name and address of the court are: (El nombre y dirección de la corte son:)

COURTS NAME
COURT'S PHYSICAL ADDRESS
COURT'S CITY, STATE, and ZIP CODE

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:)

YOUR NAME, ADDRESS, AND TELEPHONE NUMBER

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

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

**THIS RESTRAINING ORDER
APPLIES TO YOU, AS WELL
AS THE OTHER PARTY**

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.

| | |
|--|--|
| PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR STREET ADDRESS CITY: YOUR CITY, STATE, ZIP CODE STATE: ZIP CODE: TELEPHONE NO.: TELEPHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: MAILING ADDRESS: COURT'S PHYSICAL ADDRESS CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME: | |
| PETITIONER: YOUR NAME FOR PETITIONER RESPONDENT: OTHER PARTY'S NAME FOR RESPONDENT | |
| PROOF OF SERVICE OF SUMMONS | CASE NUMBER: 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):

CHECK ANY OTHER BOX(ES) FOR ADDITIONAL FORM(S) YOU COMPLETE

NOTICE OF STATUS CONFERENCE REFERRAL TO FAMILY COURT SERVICES

2. Address where respondent was served: ADDRESS WHERE THE RESPONDENT WAS SERVED
THE SERVER FILLS THIS OUT

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): DATE OTHER PARTY WAS SERVED at (time): TIME OTHER PARTY WAS SERVED
 - 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: | YOUR NAME FOR PETITIONER | CASE NUMBER: |
| RESPONDENT: | OTHER PARTY'S NAME FOR RESPONDENT | |

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: _____

YOUR SERVER'S NAME
SERVER'S STREET ADDRESS
SERVER'S CITY, STATE, ZIP CODE

SERVER'S TELEPHONE #

CHECK APPROPRIATE BOX

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.

IF A SHERIFF SERVES YOUR PAPERS, THEY CHECK #6.
ANYONE ELSE WILL CHECK #5

Date: DATE

PRINT SERVER'S NAME

 (NAME OF PERSON WHO SERVED PAPERS)

SERVER'S SIGNATURE

 (SIGNATURE OF PERSON WHO SERVED PAPERS)

| | |
|---|--|
| <p>PARTY WITHOUT ATTORNEY OR ATTORNEY</p> <p>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 (name):</p> | <p><i>FOR COURT USE ONLY</i></p> |
| <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p> | <div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold; font-size: 1.2em;"> BOTH PAGES OF THIS FORM ARE LEFT BLANK AND SERVED ON THE OTHER PARTY </div> |
| <p>PETITIONER:</p> <p>RESPONDENT:</p> | |
| <p>RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN</p> | <p>CASE NUMBER:</p> |
| <p>NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.</p> | |

1. I am the respondent. The petitioner and I are the parents of the following minor children:

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

continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

- a. I am married to the petitioner, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Petitioner 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. Petitioner and I have legally adopted a child together.
- d. Petitioner and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

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

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 (*specify*):

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

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

| | | |
|---|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name): | STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | <div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold; font-size: 1.2em;"> BOTH PAGES OF THIS FORM ARE LEFT BLANK AND SERVED ON THE OTHER PARTY </div> |
| (This section applies to cases of) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only): | | |
| (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): _____ Minor | | |
| DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) | | CASE NUMBER: |

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.)