

RESPONSE TO PETITION FOR CUSTODY AND SUPPORT

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

GENERAL INFORMATION

The purpose of a *Response to Petition for Custody and Support of Minor Children (FL-270)* is to provide you an opportunity to respond to a custody and support case. A *Response* allows someone to address custody and support, and object to anything else requested in the Petition.

Along with the Petition, you will also be served with a Summons. It is important to read the STANDARD RESTRAINING ORDERS on the back of the Summons, as these will apply to you once you have been served. You should also be served with a Notice of Status Conference that provides you with your first status review court date and a Referral to Family Court Services.

You have thirty (30) days from the DATE YOU WERE SERVED to respond to the Petition. If you DO NOT RESPOND within the thirty (30) days, the other party has the right to request a **Default Judgment** and the Court may grant everything requested in the Petition.

You will need the following:

- **FL-270** *Response to Petition for Custody and Support of Minor Children*
- **FL-311** *Custody and Visitation Attachment* (Optional Attachment)
- **FL-105** *Declaration Under UCCJEA*
- **FL-335** *Proof of Service by Mail*
- A Waiver of Court Fees FW-001 & FW-003, **OR** pay the filing fee

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

Revised 1/1/2025

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**


530-822-3305

FILING AND SERVING INSTRUCTIONS

There is a filing fee required for filing the Response. You can apply for a waiver of the court fees.

All original completed forms need to be copied 2 times and filed with the Court. Both copies will be "Endorsed Filed." One filed copy of each form is for you and the other filed copy of each form is for the other party. Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18 YEARS OLD** serve the other party with the documents above. They can be mailed to the Petitioner's address on file with the court. Have the server complete the *Proof of Service by Mail (FL-335)* form and then file it with the Court.

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY	
NAME:	YOUR NAME			
FIRM NAME:				
STREET ADDRESS:	YOUR STREET ADDRESS			
CITY:	YOUR CITY, STATE, and ZIP CODE		STATE:	ZIP CODE:
TELEPHONE NO.:	TELEPHONE #		FAX NO.:	
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
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:	FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH			
RESPONDENT:				
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN			CASE NUMBER:	COURT CASE NUMBER
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.				

1. I am the respondent. The petitioner 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 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:

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:	FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH	CASE NUMBER:	COURT CASE NUMBER
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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 with the following persons, with the following restrictions:

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

Continued on [Attachment 4h](#).

j. Other (specify):

5. Fees and cost of litigation

- a. Attorney 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):

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

SIGN YOUR NAME

(TYPE OR PRINT NAME)

(SIGNATURE OF RESPONDENT)

NOTICE: 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
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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
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- 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>
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(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
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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: 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:		
(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):		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
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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						

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: _____
<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold; margin: 0 auto; width: 80%;">ANSWER QUESTION #6. TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.</div>		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: _____	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: _____	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> 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: **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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	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, ZIP CODE BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: CASE NUMBER (if applicable, provide): HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF SERVICE BY MAIL	

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:

**SERVER'S STREET ADDRESS
SERVER'S CITY, STATE, ZIP**

3. I served a copy of the following documents (specify):

WRITE IN THE NAME AND FORM NUMBER OF THE DOCUMENT YOU ARE HAVING SERVED.

by enclosing them in an envelope AND

CHECK THE APPROPRIATE BOX

- 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: **OTHER PARTY'S NAME**
- b. Address: **ADDRESS WHERE THE DOCUMENTS WERE MAILED**
- c. Date mailed: **DATE MAILED**
- d. Place of mailing (city and state): **CITY AND STATE WHERE MAILED**

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: **DATE**

PRINT SERVER'S NAME



SIGNATURE OF SERVER

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)