

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

DISSOLUTION PACKET



FORMS INCLUDED IN THIS PACKET

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|-------------------------------|---|--------------------------------------|
| PETITIONER | Instructions for Dissolution of Marriage, Legal Separation or Nullity | SDSC Form #D-013 |
| | Alternative Dispute Resolution Information Notice | SDSC Form #D-009 |
| | Family Law Certificate of Assignment | SDSC Form #D-049 |
| | Petition – Marriage | Judicial Council Form #FL-100 |
| | Summons | Judicial Council Form #FL-110 |
| | Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) | Judicial Council Form #FL-105/GC-120 |
| | Income and Expense Declaration | Judicial Council Form #FL-150 |
| | Property Declaration | Judicial Council Form #FL-160 |
| | Schedule of Assets and Debts (| Judicial Council Form #FL-142 |
| | Declaration of Disclosure | Judicial Council Form #FL-140 |
| | Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration | Judicial Council Form #FL-141 |
| | Notice and Acknowledgment of Receipt | Judicial Council Form #FL-117 |
| | Proof of Service of Summons (Family Law-Uniform Parentage-Custody and Support) | Judicial Council Form #FL-115 |
| | Notice of Rights and Responsibilities Health-Care Costs and Reimbursement Procedures | Judicial Council Form #FL-192 |
| | Child Custody Information Sheet—Recommending Counseling | Judicial Council Form #FL-313-INFO |
| Notice of Change of Address | Judicial Council Form #MC-040 | |
| RESPONDENT | Alternative Dispute Resolution Information Notice | SDSC Form #D-009 |
| | Response-Marriage | Judicial Council Form #FL-120 |
| | Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) | Judicial Council Form #FL-105/GC-120 |
| | Income and Expense Declaration | Judicial Council Form #FL-150 |
| | Property Declaration | Judicial Council Form #FL-160 |
| | Schedule of Assets and Debts | Judicial Council Form #FL-142 |
| | Declaration of Disclosure | Judicial Council Form #FL-140 |
| | Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration | Judicial Council Form #FL-141 |
| | Information Sheet for Proof of Personal Service | Judicial Council Form #FL-330-INFO |
| | Proof of Personal Service | Judicial Council Form #FL-330 |
| | Information Sheet for Proof of Service By Mail | Judicial Council Form #FL-335-INFO |
| Proof of Service By Mail | Judicial Council Form #FL-335 | |

“PETITIONER”



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

INSTRUCTIONS FOR DISSOLUTION OF MARRIAGE, LEGAL SEPARATION OR NULLITY

Note: The way you mark the boxes on these forms, and the information you provide, may permanently determine your rights, now and in the future. You may also be limiting the court's ability to make orders on your behalf. You should consult an attorney regarding your rights and obligations. Family Law Facilitators hold workshops to help you complete the forms in this packet. See additional information on the other side of this sheet.

1. Before you begin, read the forms and this instruction sheet completely. **Remember to type or print clearly.**
2. To start your case you must fill out the following forms:
 - FAMILY LAW CERTIFICATE OF ASSIGNMENT (SDSC Form #D-049)
 - SUMMONS (Family Law) (JC Form #FL-110)
 - PETITION-MARRIAGE (Family Law) (JC Form #FL-100)
 - PROPERTY DECLARATION (Family Law) (JC Form #FL-160)
 - INCOME AND EXPENSE DECLARATION (JC Form #FL-150)

If you have minor children from this marriage, you must also fill out a DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) (JC Form #FL-105). In addition, fill out and exchange with your spouse a DECLARATION OF DISCLOSURE (Family Law) (JC Form #FL-140) and a SCHEDULE OF ASSETS AND DEBTS (Family Law) (JC Form #FL-142).

3. You must mark the box selecting the type of case you are filing. A dissolution of marriage and a legal separation are similar. The court will divide your property and issue orders on child custody, visitation, child support and/or spousal support in either type of case.
 - File for dissolution of marriage if you want the court to make you a single person again. You must have been a resident of California for the last 6 months and of the County of San Diego for the last 3 months, immediately before you file.
 - File for legal separation if you want to remain married but want to live separately from your spouse.
 - Before requesting a nullity of marriage (annulment) read the categories listed on page 2 of the petition. The length of your marriage does not automatically qualify you for a nullity. You must qualify under one of the listed categories.
4. The packet also contains forms for your spouse. Do not write on the forms after the page marked "Respondent." These forms are for your spouse to complete. You will have these forms served on your spouse along with copies of your completed forms.
5. Remember to write your name as the "petitioner." Write the name of your spouse as the "respondent."
6. Once you complete the forms, make two copies of each form. Go to the business office of the court closest to your home and present the original and both copies to the clerk.
7. The clerk will use the original of each form to open the court file and will return two file-stamped copies of each form to you. Keep one set of copies for yourself. The other set of copies must be served on your spouse. It is your responsibility to have one copy of each of the forms filed with the court, and the blank forms marked for "Respondent," served on your spouse. Anyone over the age of 18, **other than you**, may personally serve the forms.
8. If your spouse lives in California, he/she must be personally served. If your spouse lives outside California, he/she may be served by certified mail, restricted delivery, return receipt.

9. The person who served your spouse must complete a PROOF OF SERVICE OF SUMMONS (JC Form #FL-115). Make two copies of the completed form. Take the original and the two copies to the business office of the same court where you filed the papers to start the case.
10. Even though you have filed and asked for a dissolution of marriage or a nullity of marriage, **you will remain married to your spouse until a judgment has been entered by the court.**
11. A legal separation will not become effective until a judgment has been entered by the court. Remember, a judgment of legal separation does **NOT** end your marriage.
12. **Entry of a judgment is not automatic.** A judgment will not be entered unless you follow the proper procedures and not until you obtain and file the additional forms contained in the Dissolution Judgment packet.

● **FAMILY LAW FACILITATOR** - Assistance at no cost is provided on a first come, first served basis. The Superior Court operates this program.

Family Court
1555 Sixth Avenue
San Diego CA 92101

North County
325 S. Melrose Drive
Vista CA 92081

East County
250 E. Main Street
El Cajon CA 92020

South County
500 Third Avenue
Chula Vista CA 91910

WORKSHOPS to assist you in completing the forms in this packet are held at each of the above Facilitator's Office locations. Please visit the court's website at www.sdcourt.ca.gov for further information on the days and hours the workshops are held at each location.

● **FAMILY LAW MEDIATION PROJECT**

Mediation assistance is available to resolve contested issues between you and your spouse. Note: In this program, mediation is not provided for child custody or visitation issues. Both you and your spouse must be willing to attend mediation. Often, when parties are able to reach an agreement, no court appearance is necessary.

In the southern part of San Diego County, this program is operated by the National Conflict Resolution Center* located at 625 Broadway, Suite 1221, San Diego, CA 92101 (619) 238-2400. In the northern part of San Diego County, LIFELINE* (760) 940-6676 or (760) 726-4900 provides similar services. LIFELINE mediation is located in the North County Courthouse.

**These programs are not affiliated with the court, and each program is independently responsible for compliance with any and all applicable legal requirements. The court does not endorse, evaluate, supervise, or monitor these programs.*



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

ALTERNATIVE DISPUTE RESOLUTION INFORMATION NOTICE

Mediation, arbitration, collaborative family law, and the use of a privately compensated temporary judge are methods of Alternative Dispute Resolution which are available to you at any stage of the proceedings in an action for the dissolution or annulment of your marriage or domestic partnership, or in an action for legal separation. The costs associated with any of these Alternative Dispute Resolution methods must be determined directly between you and the professionals you choose to use.

Mediation is a voluntary settlement process in which the parties meet with an impartial mediator. The mediator assists the parties to clarify issues, facilitate communication and consider options for settlement in their attempt to reach a mutually acceptable agreement. This process is different from the court-controlled litigation process because, in mediation, the parties make the decisions instead of a judge. In mediation, the parties control the division of their assets, the provisions for child and spousal support, and the sharing of their children. Discussions take place in the privacy of the mediator's office and no court appearances are necessary. When mediation is completed and an agreement reached, the agreement is put into writing, signed by the parties, filed with the court, and a judgment entered.

Arbitration is a voluntary process in which the parties select an independent, qualified, third party to hear and consider the facts and evidence in their case and make decisions on their contested issues. These decisions may be final and binding or they may be nonbinding, as determined by the agreement of the parties. Parties can submit all or some of the contested issues in their case for decision by their arbitrator. If binding, the arbitrator's decisions are included in the judgment entered by the court.

Collaborative Family Law is a voluntary process in which both parties commit themselves to resolving their issues through a cooperative approach rather than adversarial litigation. This process relies on the commitment of the parties to exercise honesty, cooperation, and integrity in working toward the future well-being of each of the parties, and, if there are children, the family. A team of experts assists the parties in solving problems, developing options, and creating a positive context for settlement. Each party works with a collaborative family law attorney and a communication coach. The parties jointly hire a financial expert and, where appropriate, a child specialist to give the children a voice in the process. All information and documentation is voluntarily shared. The essence of the process is a series of face-to-face meetings between the parties and the relevant members of the professional team. When the process is completed, a written settlement agreement is prepared, signed, and filed, and a judgment is entered by the court.

Using a **Privately Compensated Temporary Judge (PCTJ)** is a voluntary process in which, with the court's authorization, the parties may agree to use a qualified individual (often a retired judge or an experienced family law attorney) to resolve some or all of the substantive or procedural issues in their case. The decisions made by the PCTJ in your case will have the same force and effect as decisions made by a trial court judge. Parties wishing to use a PCTJ must advise the court as soon as possible by submitting a written stipulation signed by both parties and their attorneys (if they are represented).

These Alternative Dispute Resolution methods may or may not be appropriate for every case or individual. You should seek the advice of counsel regarding the best way to resolve your issues. If you decide to use one of these Alternative Dispute Resolution methods, it is suggested that you use the services of qualified professionals. If you need emergency restraining orders, Alternative Dispute Resolution may not be appropriate at this time.

You are encouraged to serve a copy of this fact sheet on the other party when you serve your family law action.

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> FAMILY COURT BUILDING, 1555 6TH AVE., SAN DIEGO, CA 92101-3294 <input type="checkbox"/> MADGE BRADLEY BUILDING , 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6651 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649 | |
| PETITIONER(S) | |
| RESPONDENT(S) | |
| FAMILY LAW CERTIFICATE OF ASSIGNMENT | |

THIS FORM IS REQUIRED IN ALL NEW FAMILY LAW CASES (EXCEPT CASES HEARD BY THE FAMILY SUPPORT DIVISION).

I declare that this action is properly filed at the *(check one)*

- Central Division, Family Law Courthouse (6th Avenue, San Diego)
- Central Division, Madge Bradley Building (4th Avenue, San Diego)
- South County Division (3rd Avenue, Chula Vista)
- East County Division (East Main Street, El Cajon)
- North county Division (South Melrose Drive, Vista)

because the *(check at least one)*

- petitioner/plaintiff
- respondent/defendant
- other: _____

reside(s) within the branch court boundaries.

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

Date: _____

Signature of Party or Attorney

| | |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| MARRIAGE OF PETITIONER: RESPONDENT: | |
| PETITION FOR <input type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Nullity of Marriage | CASE NUMBER: <input type="checkbox"/> AMENDED |

1. RESIDENCE (Dissolution only) Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition for Dissolution of Marriage*.

2. STATISTICAL FACTS

- | | |
|------------------------|---|
| a. Date of marriage: | c. Time from date of marriage to date of separation (<i>specify</i>): |
| b. Date of separation: | Years: Months: |

3. DECLARATION REGARDING MINOR CHILDREN (*include children of this relationship born prior to or during the marriage or adopted during the marriage*):

- a. There are no minor children.
- b. The minor children are:
- | | | | |
|---------------------|------------------|------------|------------|
| <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> | <u>Sex</u> |
|---------------------|------------------|------------|------------|

Continued on Attachment 3b.

- c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- d. A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY

Petitioner requests that the assets and debts listed in *Property Declaration* (form FL-160) in Attachment 4 below be confirmed as separate property.

Item Confirm to

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

| | |
|--|---------------------------|
| MARRIAGE OF <i>(last name, first name of parties)</i> : _____ | CASE NUMBER: _____ |
|--|---------------------------|

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. There are no such assets or debts subject to disposition by the court in this proceeding.
- b. All such assets and debts are listed in *Property Declaration* (form FL-160) in Attachment 5b.
 below (*specify*):

6. Petitioner requests

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> dissolution of the marriage based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).) (2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).) b. <input type="checkbox"/> legal separation of the parties based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).) (2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).) c. <input type="checkbox"/> nullity of void marriage based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.) (2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.) | <ul style="list-style-type: none"> d. <input type="checkbox"/> nullity of voidable marriage based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> petitioner's age at time of marriage. (Fam. Code, § 2210(a).) (2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).) (3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).) (4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).) (5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).) (6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).) |
|---|---|

7. Petitioner requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

| | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 7c. | | | | |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage. | | | | |
| e. Attorney fees and costs payable by | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Spousal support payable to (earnings assignment will be issued) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Respondent. | | | | |
| h. <input type="checkbox"/> Property rights be determined. | | | | |
| i. <input type="checkbox"/> Petitioner's former name be restored to (<i>specify</i>): | | | | |
| j. <input type="checkbox"/> Other (<i>specify</i>): | | | | |

Continued on Attachment 7j.

8. Child support—If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

9. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY 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)

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF ATTORNEY FOR PETITIONER)

NOTICE: Dissolution or legal separation may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay on death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order (see Family Code sections 231–235).

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

FOR COURT USE ONLY
(SÓLO PARA USO DE LA CORTE)

You are being sued. Lo están demandando.

Petitioner's name is:

Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

You have 30 calendar days after this Summons and Petition are served on you to file a Response (form FL-120 or FL-123) at the court and have a copy served on the petitioner. A letter or phone call will not protect you.
If you do not file your Response on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form.
If you want legal advice, contact a lawyer immediately. You can get information about finding lawyers at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), at the California Legal Services Web site (www.lawhelpcalifornia.org), or by contacting your local county bar association.

Tiene 30 días corridos después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120 ó FL-123) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica no basta para protegerlo.
Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales. Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas.
Si desea obtener asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar a 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.lawhelpcalifornia.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: The restraining orders on page 2 are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. These orders are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO: Las órdenes de restricción que figuran en la página 2 valen para ambos cónyuges o pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier autoridad de la ley que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

NOTE: If a judgment or support order is entered, the court may order you to pay all or part of the fees and costs that the court waived for yourself or for the other party. If this happens, the party ordered to pay fees shall be given notice and an opportunity to request a hearing to set aside the order to pay waived court fees.

AVISO: Si se emite un fallo u orden de manutención, la corte puede ordenar que usted pague parte de, o todas las cuotas y costos de la corte previamente exentas a petición de usted o de la otra parte. Si esto ocurre, la parte ordenada a pagar estas cuotas debe recibir aviso y la oportunidad de solicitar una audiencia para anular la orden de pagar las cuotas exentas.

- 1. The name and address of the court are (El nombre y dirección de la corte son): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

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

[SEAL]

NOTICE TO THE PERSON SERVED: You are served
AVISO A LA PERSONA QUE RECIBIÓ LA ENTREGA: Esta entrega se realiza
a. as an individual. (a usted como individuo.)
b. on behalf of respondent who is a (en nombre de un demandado que es):
(1) minor (menor de edad)
(2) ward or conservatee (dependiente de la corte o pupilo)
(3) other (specify) (otro - especifique):
(Read the reverse for important information.) (Lea importante información al dorso.)

WARNING—IMPORTANT INFORMATION

WARNING: California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from

1. Removing the minor child or children of the parties, if any, from the state without the prior written consent of the other party or an order of the court;
2. Cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor child or children;
3. Transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. Creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

ADVERTENCIA – INFORMACIÓN IMPORTANTE

ADVERTENCIA: De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para los fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

ÓRDENES DE RESTRICCIÓN NORMALES DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. Llevarse del estado de California a los hijos menores de las partes, si los hubiera, sin el consentimiento previo por escrito de la otra parte o una orden de la corte;
2. Cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, tal como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. Transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, con excepción las operaciones realizadas en el curso normal de actividades o para satisfacer las necesidades de la vida; y
4. Crear o modificar una transferencia no testamentaria de manera que afecte el destino de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto, por lo menos cinco días laborales antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado o para ayudarle a pagar los costos de la corte.

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> 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 SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER: _____ <i>(This section applies only to family law cases.)</i> RESPONDENT: _____ OTHER PARTY: _____ | |
| GUARDIANSHIP OF <i>(Name):</i> _____ Minor | CASE NUMBER: _____ |
| 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 |
| Period of residence to present | Address <input type="checkbox"/> Confidential | Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential | Relationship |
| 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> | |
| b. Child's name | Place of birth | Date of birth | Sex |
| <input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i> | | | |
| Period of residence to present | Address <input type="checkbox"/> Confidential | Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential | Relationship |
| 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> | |

- 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: _____ |
|-----------------------|-----------------------|

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.

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: | |
| INCOME AND EXPENSE DECLARATION | CASE NUMBER: |

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year):
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

| | |
|---|-----------------------|
| PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____ | CASE NUMBER: _____ |
|---|-----------------------|

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

| | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ _____ | _____ |
| b. Overtime (gross, before taxes) | \$ _____ | _____ |
| c. Commissions or bonuses | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ _____ | _____ |
| g. Pension/retirement fund payments | \$ _____ | _____ |
| h. Social security retirement (not SSI) | \$ _____ | _____ |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____ | _____ |
| j. Unemployment compensation | \$ _____ | _____ |
| k. Workers' compensation | \$ _____ | _____ |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ _____ | _____ |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

| | | |
|-------------------------------------|----------|-------|
| a. Dividends/interest | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income | \$ _____ | _____ |
| d. Other (specify): | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses** \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

| | | |
|---|----------|-------|
| a. Required union dues | \$ _____ | _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) | \$ _____ | _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) | \$ _____ | _____ |
| d. Child support that I pay for children from other relationships | \$ _____ | _____ |
| e. Spousal support that I pay by court order from a different marriage | \$ _____ | _____ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ _____ | _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____ | _____ |

11. **Assets** Total

| | | |
|---|----------|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ | _____ |
| b. Stocks, bonds, and other assets I could easily sell | \$ _____ | _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ | _____ |

| | |
|---|-----------------------|
| PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____ | CASE NUMBER: _____ |
|---|-----------------------|

12. The following people live with me:

| Name | Age | How the person is related to me? (ex: son) | That person's gross monthly income | Pays some of the household expenses? |
|------|-----|--|------------------------------------|--|
| a. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|--|---|

14. Installment payments and debts not listed above

| Paid to | For | Amount | Balance | Date of last payment |
|---------|-----|--------|---------|----------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

▶

(SIGNATURE OF ATTORNEY)

| | |
|--|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

- (attach documentation of any item listed here, including court orders):*
- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b. | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER: RESPONDENT: | |
| <input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION | CASE NUMBER: _____ |

INSTRUCTIONS

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

| ITEM NO. | BRIEF DESCRIPTION | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION | |
|----------|---|-------------------------|----------------|-----------------------|-------------------------|------------|
| | | | | | Award to: PETITIONER | RESPONDENT |
| 1. | REAL ESTATE | \$ | \$ | \$ | \$ | \$ |
| 2. | HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES | | | | | |
| 3. | JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. | | | | | |
| 4. | VEHICLES, BOATS, TRAILERS | | | | | |

| ITEM NO. | BRIEF DESCRIPTION | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION | |
|----------|---|-------------------------|----------------|-----------------------|-------------------------|------------|
| | | | | | Award to: PETITIONER | RESPONDENT |
| 5. | SAVINGS, CHECKING, CREDIT UNION, CASH | \$ | \$ | \$ | \$ | \$ |
| 6. | LIFE INSURANCE (CASH VALUE) | | | | | |
| 7. | EQUIPMENT, MACHINERY, LIVESTOCK | | | | | |
| 8. | STOCKS, BONDS, SECURED NOTES | | | | | |
| 9. | RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES | | | | | |
| 10. | ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS | | | | | |
| 11. | PARTNERSHIPS, OTHER BUSINESS INTERESTS | | | | | |
| 12. | OTHER ASSETS AND DEBTS | | | | | |
| 13. | TOTAL FROM CONTINUATION SHEET | | | | | |
| 14. | TOTALS | | | | | |

15. A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

_____ (TYPE OR PRINT NAME)



_____ (SIGNATURE)

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

| | |
|--|----------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i> | TELEPHONE NO.: |
| | |
| ATTORNEY FOR <i>(Name):</i> | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | |
| PETITIONER: | |
| RESPONDENT: | |
| SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's | CASE NUMBER: |

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

| ITEM NO. | ASSETS DESCRIPTION | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|--|-----------|---------------|---------------------------------|-------------------------------------|
| 1. | REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i> | | | \$ | \$ |
| 2. | HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i> | | | | |
| 3. | JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i> | | | | |

| ITEM NO. | ASSETS DESCRIPTION | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|---|-----------|---------------|---------------------------------|-------------------------------------|
| 4. | VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i> | | | \$ | \$ |
| 5. | SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i> | | | | |
| 6. | CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> | | | | |
| 7. | CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> | | | | |
| 8. | CASH <i>(Give location.)</i> | | | | |
| 9. | TAX REFUND | | | | |
| 10. | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i> | | | | |

| ITEM NO. | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|--|-----------|---------------|---------------------------------|-------------------------------------|
| 11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i> | | | \$ | \$ |
| 12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i> | | | | |
| 13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i> | | | | |
| 14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i> | | | | |
| 15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i> | | | | |
| 16. OTHER ASSETS | | | | |
| 17. TOTAL ASSETS FROM CONTINUATION SHEET | | | | |
| 18. TOTAL ASSETS | | | \$ | \$ |

| ITEM NO. | DEBTS—SHOW TO WHOM OWED | SEP. PROP. | TOTAL OWING | DATE INCURRED |
|---|-------------------------|------------|-------------|---------------|
| 19. STUDENT LOANS <i>(Give details.)</i> | | | \$ | |
| 20. TAXES <i>(Give details.)</i> | | | | |
| 21. SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i> | | | | |
| 22. LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i> | | | | |
| 23. CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i> | | | | |
| 24. OTHER DEBTS <i>(Specify):</i> | | | | |
| 25. TOTAL DEBTS FROM CONTINUATION SHEET | | | | |
| 26. TOTAL DEBTS | | | \$ | |

27. *(Specify number):* _____ pages are attached as continuation sheets.

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)

| | |
|--|----------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : | TELEPHONE NO.: |
| | |
| ATTORNEY FOR <i>(Name)</i> : | BAR# |

| |
|---|
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |
|---|

| |
|-------------|
| PETITIONER: |
| RESPONDENT: |

| | |
|--|--------------|
| DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final | CASE NUMBER: |
|--|--------------|

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142).
2. A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
4. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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)

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER: RESPONDENT: | |
| DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final | CASE NUMBER: |

1. I am the attorney for petitioner respondent in this matter.

2. Petitioner's respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify):
 on (date):

3. Petitioner's respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify):
 on (date):

4. Service of petitioner's respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date):
 - b. The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

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)

NOTE: File this document with the court.
Do not file a copy of the *Preliminary or Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.

| | |
|---|---------------------------|
| 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 SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| 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* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)

-or-
 - b. Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)

-or-
 - c. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)

-or-
 - d. 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
- e. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105) (5) Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (2) Completed and blank *Declaration of Disclosure* (form FL-140) (6) Completed and blank *Property Declaration* (form FL-160)
- (3) Completed and blank *Schedule of Assets and Debts* (form FL-142) (7) *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
- (4) Completed and blank *Income and Expense Declaration* (form FL-150) (8) Other (*specify*): _____
2. Address where respondent was served:
3. I served the respondent by the following means (*check proper box*):
- 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 him or her 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 him or her of the general nature of the papers

| | |
|-------------|--------------|
| PETITIONER: | CASE NUMBER: |
| RESPONDENT: | |

3. b. (cont.) 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.
- 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 (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed Notice and Acknowledgment of Receipt (Family Law) (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.)
- d. **Other** (specify code section): _____
 Continued on Attachment 3d.
4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
- a. As an individual **or**
- b. On behalf of respondent who is a
- (1) minor. (Code Civ. Proc., § 416.60.)
- (2) ward or conservatee. (Code Civ. Proc., § 416.70.)
- (3) other (specify): _____

5. **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: _____
- d. **The fee** for service was (specify): \$ _____

6. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
7. **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)

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

- a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

Court days are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to

www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

Parents who come to court about child custody and parenting time (visitation) face decisions about parenting plans for their children. This information sheet provides general information about child custody and parenting time matters, how to get help resolving a custody dispute or making a parenting plan, where to find an attorney, and where to find other resources.

What is a parenting plan?

A parenting plan describes how the parents will divide their responsibilities for taking care of their child.

The plan may include a general or specific schedule of days, times, weekends, holidays, vacations, transportation, pick-up/drop-off, limits on travel, counseling, and treatment services, and other details.

What are legal and physical custody?

A parenting plan usually includes:

- **Legal custody:** how parents make major decisions about the child's health, education, and welfare;
- **Physical custody:** where the child lives; and
- **Parenting time, time-share, or visitation:** when the child spends time with each parent.

Legal custody and *physical custody* may each be specified as *joint* (both parents have certain responsibilities) or *sole* (one parent has the responsibility alone).

Can we make our own parenting plan?

Yes. You have a right to make a parenting plan agreement on your own. This agreement may be called a *stipulation*, *time-share plan*, or *parenting plan*.

If both parents can agree on a parenting plan, the judge will probably approve it. The agreement becomes a court order after it is signed by both parents and the judge, and filed with the court.

What if there is domestic violence or a protective order?

If there is domestic violence or a protective order, talk with an attorney, counselor, or child custody recommending counselor before making a parenting plan.

For domestic violence help, call the National Domestic Violence Hotline at 1-800-799-7233 (TDD:1-800-787-3224) or call 211 if available in your area.

What if we don't have a parenting plan?

If you can't reach an agreement, the court will refer you to family court services (FCS) for child custody mediation also called "child custody recommending counseling." At the appointment, you will meet with an FCS professional also called a "child custody recommending counselor." He or she will help you and the other parent reach an agreement about a parenting plan.

What is child custody recommending counseling with family court services?

Family court services (FCS) provides child custody recommending counseling (sometimes referred to as child custody mediation) to help parents resolve disagreements about the care of their child. The child custody recommending counselor will meet with you and the other parent to try to help you both make a parenting plan. There may be an orientation provided that offers additional information about the process.

If you are unable to reach an agreement after meeting with family court services, the child custody recommending counselor will make a written recommendation to the court about a parenting plan. You and the other parent and the attorneys (if any) will get a copy of the recommendation before the court hearing.

If you are concerned about meeting with the other parent, or there is a domestic violence issue or a protective order involving the other parent, you may

ask to meet alone with the child custody recommending counselor without the other parent. You may also request to have a support person with you. The support person may not speak for you.

Do we have to agree to a parenting plan when we meet?

No. You do not have to come to an agreement. When the parents can't agree, the judge will decide. For legal advice, contact an attorney. For other information, ask the self-help center or family court services about how the process works in your court.

Are there other ways to resolve our dispute?

Yes. You may try other alternative dispute resolution (ADR) options, including:

- 1. Meet and Confer:** Parents and their attorneys (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parents, then the "meet and confer" can be through attorneys or a mediator in separate sessions.
- 2. Settlement Conference:** In some courts, parents may meet with a judge, neutral evaluators, or family law attorneys not involved in the case to discuss settlement. Check with the local court to find out if this is an option. If there is a protective order, the settlement discussion can be through attorneys or a mediator in separate sessions.
- 3. Private Mediation:** Parents may hire a private mediator to help them resolve their dispute.
- 4. Collaborative Law Process:** Each parent hires a lawyer and agrees to resolve the dispute without going to court. The parents may also hire other experts.

Court Hearing

When the parents cannot agree to a parenting plan on their own, in child custody recommending

counseling, or in any other ADR process, the judge will decide.

If there is domestic violence or a protective order, a parent may be able to bring a support person with him or her to the court hearing, but the support person may not speak for that person.

Where can I get help?

This information sheet gives only basic information on the child custody process and is not legal advice. If you want legal advice, ask an attorney for assistance. For other information, you may want to:

1. Contact family court services.
2. Contact the family law facilitator or self-help center for information, local rules and court forms, and referrals to local legal services providers.
3. Find an attorney through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
4. Hire a private mediator for help with your parenting agreement. A mediator may be an attorney or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.
5. Find information on the Online Self-Help Center website at www.courts.ca.gov/selfhelp.
6. For free and low-cost legal help (if you qualify), go to www.lawhelpcalifornia.org.
7. Find information at your local law library or ask at your public library.
8. Ask for a court hearing and let the judge decide what is best for your child.



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for Request for Accommodations by Persons with Disabilities and Response (form MC-410). (Civil Code, § 54.8.)

| | |
|---|---------------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr/> 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 SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | CASE NUMBER: JUDICIAL OFFICER: |
| NOTICE OF CHANGE OF ADDRESS | DEPT.: |

1. **Please take notice** that, as of (*date*):

- the following party or
- the attorney for:
 - a. plaintiff (*name*):
 - b. defendant (*name*):
 - c. petitioner (*name*):
 - d. respondent (*name*):
 - e. other (*describe*):

has **changed his or her address** for service of notices and documents in the above-captioned action.

A list of additional parties represented is provided in Attachment 1.

2. The **new address** of (*name*):

is as follows:

- a. Street:
- b. City:
- c. Mailing address (*if different from above*):
- d. State and zip code:
- e. Telephone number:
- f. Fax number (*optional*):
- g. E-mail address (*optional*):

3. **All notices and documents** regarding the action should be sent to the above address.

Date:

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF PARTY OR ATTORNEY)

| | |
|------------|--------------|
| PLAINTIFF: | CASE NUMBER: |
| DEFENDANT: | |

**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS**

(NOTE: You cannot serve the Notice of Change of Address if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:

2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and *(check one)*:

a. deposited the sealed envelope with the United States Postal Service.

b. placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Change of Address* was mailed:

a. on *(date)*:

b. from *(city and state)*:

4. The envelope was addressed and mailed as follows:

| | |
|---------------------------|---------------------------|
| a. Name of person served: | c. Name of person served: |
| Street address: | Street address: |
| City: | City: |
| State and zip code: | State and zip code: |
| b. Name of person served: | d. Name of person served: |
| Street address: | Street address: |
| City: | City: |
| State and zip code: | State and zip code: |

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

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 OF DECLARANT) (SIGNATURE OF DECLARANT)

“RESPONDENT”



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

ALTERNATIVE DISPUTE RESOLUTION INFORMATION NOTICE

Mediation, arbitration, collaborative family law, and the use of a privately compensated temporary judge are methods of Alternative Dispute Resolution which are available to you at any stage of the proceedings in an action for the dissolution or annulment of your marriage or domestic partnership, or in an action for legal separation. The costs associated with any of these Alternative Dispute Resolution methods must be determined directly between you and the professionals you choose to use.

Mediation is a voluntary settlement process in which the parties meet with an impartial mediator. The mediator assists the parties to clarify issues, facilitate communication and consider options for settlement in their attempt to reach a mutually acceptable agreement. This process is different from the court-controlled litigation process because, in mediation, the parties make the decisions instead of a judge. In mediation, the parties control the division of their assets, the provisions for child and spousal support, and the sharing of their children. Discussions take place in the privacy of the mediator's office and no court appearances are necessary. When mediation is completed and an agreement reached, the agreement is put into writing, signed by the parties, filed with the court, and a judgment entered.

Arbitration is a voluntary process in which the parties select an independent, qualified, third party to hear and consider the facts and evidence in their case and make decisions on their contested issues. These decisions may be final and binding or they may be nonbinding, as determined by the agreement of the parties. Parties can submit all or some of the contested issues in their case for decision by their arbitrator. If binding, the arbitrator's decisions are included in the judgment entered by the court.

Collaborative Family Law is a voluntary process in which both parties commit themselves to resolving their issues through a cooperative approach rather than adversarial litigation. This process relies on the commitment of the parties to exercise honesty, cooperation, and integrity in working toward the future well-being of each of the parties, and, if there are children, the family. A team of experts assists the parties in solving problems, developing options, and creating a positive context for settlement. Each party works with a collaborative family law attorney and a communication coach. The parties jointly hire a financial expert and, where appropriate, a child specialist to give the children a voice in the process. All information and documentation is voluntarily shared. The essence of the process is a series of face-to-face meetings between the parties and the relevant members of the professional team. When the process is completed, a written settlement agreement is prepared, signed, and filed, and a judgment is entered by the court.

Using a **Privately Compensated Temporary Judge (PCTJ)** is a voluntary process in which, with the court's authorization, the parties may agree to use a qualified individual (often a retired judge or an experienced family law attorney) to resolve some or all of the substantive or procedural issues in their case. The decisions made by the PCTJ in your case will have the same force and effect as decisions made by a trial court judge. Parties wishing to use a PCTJ must advise the court as soon as possible by submitting a written stipulation signed by both parties and their attorneys (if they are represented).

These Alternative Dispute Resolution methods may or may not be appropriate for every case or individual. You should seek the advice of counsel regarding the best way to resolve your issues. If you decide to use one of these Alternative Dispute Resolution methods, it is suggested that you use the services of qualified professionals. If you need emergency restraining orders, Alternative Dispute Resolution may not be appropriate at this time.

You are encouraged to serve a copy of this fact sheet on the other party when you serve your family law action.

| | |
|---|--------------------|
| 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 SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| MARRIAGE OF PETITIONER: RESPONDENT: | |
| RESPONSE <input type="checkbox"/> and REQUEST FOR <input type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Nullity of Marriage <input type="checkbox"/> AMENDED | CASE NUMBER: |

1. RESIDENCE (Dissolution only) Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of the *Petition for Dissolution of Marriage*.

2. STATISTICAL FACTS

a. Date of marriage: _____ c. Time from date of marriage to date of separation (*specify*):
 b. Date of separation: _____ Years: _____ Months: _____

3. DECLARATION REGARDING MINOR CHILDREN (*include children of this relationship born prior to or during the marriage or adopted during the marriage*):

a. There are no minor children.
 b. The minor children are:

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

Continued on Attachment 3b.

c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
 d. A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY

Respondent requests that the assets and debts listed in *Property Declaration* (form FL-160) in Attachment 4 below be confirmed as separate property.
Item _____ Confirm to _____

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

| | |
|--|---------------------------|
| MARRIAGE OF <i>(last name, first name of parties)</i> : _____ | CASE NUMBER: _____ |
|--|---------------------------|

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. There are no such assets or debts subject to disposition by the court in this proceeding.
- b. All such assets and debts are listed in *Property Declaration* (form FL-160) in Attachment 5b.
 below (*specify*):

6. **Respondent contends** that the parties were never legally married.

7. **Respondent denies** the grounds set forth in item 6 of the petition.

8. Respondent requests

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> dissolution of the marriage based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).) (2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).) b. <input type="checkbox"/> legal separation of the parties based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).) (2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).) c. <input type="checkbox"/> nullity of void marriage based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.) (2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.) | <ul style="list-style-type: none"> d. <input type="checkbox"/> nullity of voidable marriage based on <ul style="list-style-type: none"> (1) <input type="checkbox"/> respondent's age at time of marriage. (Fam. Code, § 2210(a).) (2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).) (3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).) (4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).) (5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).) (6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).) |
|---|---|

9. **Respondent requests** that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 9c. | | | | |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Attorney fees and costs payable by | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Spousal support payable to (wage assignment will be issued) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Petitioner. | | | | |
| h. <input type="checkbox"/> Property rights be determined. | | | | |
| i. <input type="checkbox"/> Respondent's former name be restored to (<i>specify</i>): | | | | |
| j. <input type="checkbox"/> Other (<i>specify</i>): | | | | |

Continued on Attachment 9j.

10. Child support— If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

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

| | | |
|--|---|---|
| Date: _____ (TYPE OR PRINT NAME) | ▶ | _____ (SIGNATURE OF RESPONDENT) |
| Date: _____ (TYPE OR PRINT NAME) | ▶ | _____ (SIGNATURE OF ATTORNEY FOR RESPONDENT) |

The original response must be filed in the court with proof of service of a copy on Petitioner.

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____ | |
| GUARDIANSHIP OF (Name): _____ (This section applies only to guardianship cases.) <div style="text-align: right;">Minor</div> | CASE NUMBER: _____ |
| 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 |
| Period of residence to present | Address <input type="checkbox"/> Confidential | Person child lived with (name and complete current address) <input type="checkbox"/> Confidential | | Relationship |
| to | Child's residence (City, State) | Person child lived with (name and complete current address) | | |
| to | Child's residence (City, State) | Person child lived with (name and complete current address) | | |
| to | Child's residence (City, State) | Person child lived with (name and complete current address) | | |
| b. Child's name | | Place of birth | Date of birth | Sex |
| <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.) | | | | |
| Period of residence to present | Address <input type="checkbox"/> Confidential | Person child lived with (name and complete current address) <input type="checkbox"/> Confidential | | Relationship |
| to | Child's residence (City, State) | Person child lived with (name and complete current address) | | |
| to | Child's residence (City, State) | Person child lived with (name and complete current address) | | |
| to | Child's residence (City, State) | Person child lived with (name and complete current address) | | |

- 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: _____ |
|-----------------------|-----------------------|

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.

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: | |
| INCOME AND EXPENSE DECLARATION | CASE NUMBER: |

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year):
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF DECLARANT)

| | |
|---|-----------------------|
| PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____ | CASE NUMBER: _____ |
|---|-----------------------|

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

| | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ _____ | _____ |
| b. Overtime (gross, before taxes) | \$ _____ | _____ |
| c. Commissions or bonuses | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ _____ | _____ |
| g. Pension/retirement fund payments | \$ _____ | _____ |
| h. Social security retirement (not SSI) | \$ _____ | _____ |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____ | _____ |
| j. Unemployment compensation | \$ _____ | _____ |
| k. Workers' compensation | \$ _____ | _____ |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ _____ | _____ |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

| | | |
|-------------------------------------|----------|-------|
| a. Dividends/interest | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income | \$ _____ | _____ |
| d. Other (specify): | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses** \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

| | | |
|---|----------|-------|
| a. Required union dues | \$ _____ | _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) | \$ _____ | _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) | \$ _____ | _____ |
| d. Child support that I pay for children from other relationships | \$ _____ | _____ |
| e. Spousal support that I pay by court order from a different marriage | \$ _____ | _____ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ _____ | _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____ | _____ |

11. **Assets** Total

| | | |
|---|----------|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ | _____ |
| b. Stocks, bonds, and other assets I could easily sell | \$ _____ | _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ | _____ |

| | |
|---|-----------------------|
| PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____ | CASE NUMBER: _____ |
|---|-----------------------|

12. The following people live with me:

| Name | Age | How the person is related to me? (ex: son) | That person's gross monthly income | Pays some of the household expenses? |
|------|-----|--|------------------------------------|--|
| a. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|--|---|

14. Installment payments and debts not listed above

| Paid to | For | Amount | Balance | Date of last payment |
|---------|-----|--------|---------|----------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

| | |
|--|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

- (attach documentation of any item listed here, including court orders):*
- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b. | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER: RESPONDENT: | |
| <input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION | CASE NUMBER: _____ |

INSTRUCTIONS

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

| ITEM NO. | BRIEF DESCRIPTION | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION | |
|----------|---|-------------------------|----------------|-----------------------|-------------------------|------------|
| | | | | | Award to: PETITIONER | RESPONDENT |
| 1. | REAL ESTATE | \$ | \$ | \$ | \$ | \$ |
| 2. | HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES | | | | | |
| 3. | JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. | | | | | |
| 4. | VEHICLES, BOATS, TRAILERS | | | | | |

| ITEM NO. | BRIEF DESCRIPTION | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION | |
|----------|---|-------------------------|----------------|-----------------------|-------------------------|------------|
| | | | | | Award to: PETITIONER | RESPONDENT |
| 5. | SAVINGS, CHECKING, CREDIT UNION, CASH | \$ | \$ | \$ | \$ | \$ |
| 6. | LIFE INSURANCE (CASH VALUE) | | | | | |
| 7. | EQUIPMENT, MACHINERY, LIVESTOCK | | | | | |
| 8. | STOCKS, BONDS, SECURED NOTES | | | | | |
| 9. | RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES | | | | | |
| 10. | ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS | | | | | |
| 11. | PARTNERSHIPS, OTHER BUSINESS INTERESTS | | | | | |
| 12. | OTHER ASSETS AND DEBTS | | | | | |
| 13. | TOTAL FROM CONTINUATION SHEET | | | | | |
| 14. | TOTALS | | | | | |

15. A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

_____ (TYPE OR PRINT NAME)



_____ (SIGNATURE)

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

| | |
|--|----------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i> | TELEPHONE NO.: |
| | |
| ATTORNEY FOR <i>(Name):</i> | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | |
| PETITIONER: | |
| RESPONDENT: | |
| SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's | CASE NUMBER: |

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

| ITEM NO. | ASSETS DESCRIPTION | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|--|-----------|---------------|---------------------------------|-------------------------------------|
| 1. | REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i> | | | \$ | \$ |
| 2. | HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i> | | | | |
| 3. | JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i> | | | | |

| ITEM NO. | ASSETS DESCRIPTION | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|---|-----------|---------------|---------------------------------|-------------------------------------|
| 4. | VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i> | | | \$ | \$ |
| 5. | SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i> | | | | |
| 6. | CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> | | | | |
| 7. | CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> | | | | |
| 8. | CASH <i>(Give location.)</i> | | | | |
| 9. | TAX REFUND | | | | |
| 10. | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i> | | | | |

| ITEM NO. | ASSETS DESCRIPTION | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|--|--------------------|-----------|---------------|---------------------------------|-------------------------------------|
| 11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i> | | | | \$ | \$ |
| 12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i> | | | | | |
| 13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i> | | | | | |
| 14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i> | | | | | |
| 15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i> | | | | | |
| 16. OTHER ASSETS | | | | | |
| 17. TOTAL ASSETS FROM CONTINUATION SHEET | | | | | |
| 18. TOTAL ASSETS | | | | \$ | \$ |

| ITEM NO. | DEBTS—SHOW TO WHOM OWED | SEP. PROP. | TOTAL OWING | DATE INCURRED |
|---|-------------------------|------------|-------------|---------------|
| 19. STUDENT LOANS <i>(Give details.)</i> | | | \$ | |
| 20. TAXES <i>(Give details.)</i> | | | | |
| 21. SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i> | | | | |
| 22. LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i> | | | | |
| 23. CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i> | | | | |
| 24. OTHER DEBTS <i>(Specify):</i> | | | | |
| 25. TOTAL DEBTS FROM CONTINUATION SHEET | | | | |
| 26. TOTAL DEBTS | | | \$ | |

27. *(Specify number):* _____ pages are attached as continuation sheets.

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)

| | | |
|---|--|----------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : | | TELEPHONE NO.: |
| ATTORNEY FOR <i>(Name)</i> : | | BAR# |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | | |
| PETITIONER: | | |
| RESPONDENT: | | |
| DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final | | CASE NUMBER: |

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142).
2. A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
4. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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) |
|----------------------|--|-------------|

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER: RESPONDENT: | |
| <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div style="text-align: center;"> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div> | |
| CASE NUMBER: _____ | |

1. I am the attorney for petitioner respondent in this matter.

2. Petitioner's respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify): _____
 on (date): _____

3. Petitioner's respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify): _____
 on (date): _____

4. Service of petitioner's respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date): _____
 - b. The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date): _____
 - c. This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

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)

NOTE: File this document with the court.
Do not file a copy of the *Preliminary or Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

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

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

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

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

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

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

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

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

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

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
 - a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

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

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

| | |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: | CASE NUMBER: HEARING DATE: <i>(If applicable, provide):</i> HEARING TIME: DEPT.: |
| PROOF OF PERSONAL SERVICE | |

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

4. By personally delivering copies to the person served, as follows:
 - a. Date: _____ b. Time: _____
 - c. Address: _____

5. I am
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.
 - d. exempt from registration under Business & Profession Code section 22350(b).
 - e. a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: | 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:

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

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing (city and state):

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)