

Paternity Response



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

Forms

Self-Help Legal Access Centers

Santa Monica

1725 Main St.,
Room 210
Santa Monica, CA 90401

Inglewood

1 East Regent St.,
Room 107
Inglewood, CA 90301

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

275 Magnolia Ave.,
Room 3101
Long Beach, CA 90802

January 2026

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER:

1. The petitioner
 - a. is a parent of the children in item 2.
 - b. is not a parent of the children in item 2.
 - c. is the child or the child's personal representative (*specify court and date of appointment*):
 - d. Other (*specify*):

2. The children are
 - a. Child's name Birthdate Age

 - b. a child who is not yet born.

3. The respondent
 - a. lives in the state of California.
 - b. was in California when the children listed in item 2 were conceived.
 - c. does not live in the state of California.
 - d. was not in California when the children listed in item 2 were conceived.
 - e. Other (*specify*):

4. The children
 - a. live or are found in this county.
 - b. are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.

5. The respondent is
 - a. the parent of the children listed in item 2 above.
 - b. not certain if the respondent is the parent of the children listed in item 2 above.
 - c. not the parent of the children listed in item 2 above.
 - d. Other (*specify*):

6. Additional statements
 - a. Parentage has been determined by a voluntary declaration of parentage or paternity. (*Attach a copy if available.*)
 - b. Parentage has been established in another case governmental child support Other (*specify*):
 - c. Public assistance is being provided to the children.

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

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

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

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

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in form [FL-311](#) form [FL-312](#) form [FL-341\(C\)](#)
 form [FL-341\(D\)](#) form [FL-341\(E\)](#) [Attachment 9c](#)
- d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):
 Contained in the attached [declaration](#).

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

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

11. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. NAME CHANGE

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

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

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

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

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

Date:

(TYPE OR PRINT NAME)

 (SIGNATURE OF RESPONDENT)

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

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

This section is for information only and is not a part of your request for orders:

California's public policies and law on child custody and visitation include that:

- In general, children should have frequent and continuing contact with their parents, and parents should be encouraged to share the responsibility of raising their children, except when domestic abuse has happened or contact with a parent is not in the best interests of the children.
- When making any orders about physical and legal custody and visitation (parenting time), the court must consider the best interests of the child, which primarily include the health, safety, and welfare of the child.
- If a parent has been abusive, judges use laws to help protect children when deciding to make orders about child custody and visitation (parenting time). A judge may deny an abusive parent custody or unsupervised visitation with a child.
- Children have the right to be safe and free from abuse.
- A child's exposure to domestic violence and domestic violence committed where a child lives are detrimental to the health, safety, and welfare of the child.
- For more information, read selfhelp.courts.ca.gov/child-custody#best-interest and selfhelp.courts.ca.gov/domestic-violence-child-custody

Complete items 1 through 13 that apply to your request for orders.

1. **Minor Children** [Attachment 1.](#)

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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2. **Custody** of the minor children is requested as follows:

	Petitioner	Respondent	Joint	Other Parent/Party
a. Physical custody of children to..... <i>(The person with whom the child will regularly live)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Legal custody of children to <i>(The person who decides about the child's health, education, and welfare)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: To ask the court for joint legal custody orders that specify when the parents must agree before making decisions (for example, before choosing or changing the children's school, doctor, or religious or school activities), use *Joint Legal Custody Attachment* (form [FL-341\(E\)](#)) or a document that includes the same content as form FL-341(E).

To learn about physical and legal custody, go to selfhelp.courts.ca.gov/child-custody.

c. There are allegations of a history of abuse or substance abuse in this case. *(You must complete item 5.)*
d. Other *(specify):*

3. **Visitation (Parenting Time)** I request that the court order *(check one)*:

- a. Reasonable right of visitation (parenting time) to the party in item 2a without physical custody, including but not limited to, virtual visitation. **(Not appropriate in cases involving domestic violence and substance abuse).**
- b. Visitation (parenting time) as described in the attached _____-page document dated *(specify date)*:
- c. The visitation schedule in item 4 that includes in-person, virtual, other visitation.
- d. Supervised visitation. *(You must complete item 6.)*
- e. No visitation (parenting time) to the person without physical custody for the reasons described in item 13.

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



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. **Petitioner's** **Respondent's** **Other Parent's/Party's** visitation (parenting time) will be (check all that apply):
 a. **In person**, as follows (Specify start and ending date and time. If applicable, check "start of" OR "after school"):

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

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

<u>Weekend</u>	<u>Day(s)</u>	<u>Times</u>	<u>Start of (or After) School (if applicable)</u>	
<input type="checkbox"/> 1st	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 2nd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 3rd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 4th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 5th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after

(a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, starting (date):

(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

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

(Specify day(s) from _____ at _____ a.m. p.m. start of after
 and times): to _____ at _____ a.m. p.m. start of after

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

(Specify day(s) from _____ at _____ a.m. p.m. start of after
 and times): to _____ at _____ a.m. p.m. start of after

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

b. **Virtual visitation**

I ask that the court order virtual visitation as described [in Attachment 4b.](#) below:
Virtual visitation means using audiovisual electronic technology (like a smartphone, tablet, smart watch, or computer) for a parent and a child to see and hear each other. Learn more about how to have safe virtual visits at selfhelp.courts.ca.gov/child-custody/virtual-visitatioin.

c. **Other ways that visitation (parenting time) can happen** that are in the best interests of the child (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. **Child custody and visitation when there are allegations of a history of abuse or substance abuse**

a. **Allegations**

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

b. **Child custody**

- (1) I ask that the court NOT order sole or joint custody of the minor child to the party or parties in 5a.
- (2) Even though there are allegations, I ask that the court make the child custody orders in item 4.
(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted child custody, even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)
 Below: [Attachment 5b\(2\)](#) Other (specify):

c. **Visitation (Parenting Time)**

- (1) I ask that the court order supervised visitation as specified in item 6.
- (2) I ask that the court order unsupervised visitation to the party or parties as specified in item 4.
- (A) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): petitioner respondent other parent/party.
- (B) The reasons why the court should make the orders are
(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)
 Below: [In Attachment 5c\(2\)\(B\)](#) Other (specify):

(3) Other (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. **Supervised visitation (parenting time)**

(To learn about supervised visitation, go to: selfhelp.courts.ca.gov/guide-supervised-visitiation.)

- a. I ask that petitioner respondent other parent/party have supervised visitation with the minor children.
- b. The reasons why the court should make the orders are (specify):
 (Write the reasons why you think unsupervised visitation (parenting time) would NOT be in the best interest of the child.)
 Below [In Attachment 6b](#) Other (specify):

c. I ask that the visitations be monitored by (name, if known):

The provider's phone number is (specify):

- (1) The person or agency is a professional provider.
 (A) A professional provider must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Professional)* ([form FL-324\(P\)](#)) and sign the declaration.
 (B) Professional provider fees to be paid by: petitioner: _____ percent. respondent: _____ percent.
 other parent/party: _____ percent.
- (2) The person is a nonprofessional provider. The person must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Nonprofessional)* ([form FL-324\(NP\)](#)).

d. Location of supervised visitation. I request that supervised visitation be (check one):

- (1) In person at a safe location.
 (2) Virtual visitation (not in person).
 (3) Other (describe):

e. Schedule for supervised visitation (specify):

- (1) Once a week, for (number of hours for each visit):
 (2) Two times each week, for (number of hours for each visit):
 (3) As specified in item 4.
 (4) Other (describe):

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

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

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- b. Transportation **to** begin the visits will be provided by (name):
- c. Transportation **from** the visits will be provided by (name):
- d. The exchange point at the beginning of the visit will be (address):
- e. The exchange point at the end of the visit will be (address):
- f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g. Other (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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8. **Travel with children** The petitioner respondent other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of
- a. the state of California.
 - b. the following counties (*specify*):
 - c. other places (*specify*):

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

10. **Child custody mediation**
 I request an order for the parties to go to child custody mediation or child custody recommending counseling (*specify date, time, and location, if applicable*):

Note: Parents with a family court case who do not agree about child custody or visitation are required to attend mediation to try to develop a parenting plan that is in the best interest of their child. A party who alleges domestic violence in a written declaration under penalty of perjury or who is protected by a protective order may ask the mediator or child custody recommending counselor to meet with the parties separately and at separate times. A court order for separate sessions is not required.

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

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

13. **Other** (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i>	
GUARDIANSHIP OF (name): Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	
CASE NUMBER:	

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): _____ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			

Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

b. Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

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

Proceeding	Case number	Court <i>(name, state or tribe, 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"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state or tribe, location)</i>
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State or Tribe	Case Number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? Yes No *(If yes, provide the following information):*

a. Name and address of person: <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	b. Name and address of person: <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	c. Name and address of person: <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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7. Number of pages attached: _____

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

Date: _____

(NAME OF DECLARANT)

▶

(SIGNATURE OF DECLARANT)

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/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 8 1/2-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 8 1/2-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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 <input type="checkbox"/> federally taxable*	\$	_____
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 allowances, royalty payments) (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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
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).....	\$ _____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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

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

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

15. Attorney fees (This information 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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 expense for the children in this case

	Amount per month
a. Childcare 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 <i>(specify below)</i>	\$ _____

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 <i>(examples: fire, theft, other insured loss)</i>	\$ _____	_____
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): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
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)