

# **Paternity Response**



**LEGAL AID  
FOUNDATION  
OF LOS ANGELES**

## **HOW TO GUIDE**

### **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.

# Overview of a Paternity Case

**STEP 1:**  
Prepare and File Paternity  
Petition



Have someone, **NOT YOU**, give the other party your court papers and wait 31 days after you serve the papers before you can continue your case



**STEP 2:**  
Default, Stipulated, or  
Contested



If the other party did not file a response:  
  
**DEFAULT**  
  
Prepare Default forms for court approval



**STEP 3:**  
**Judgment Forms**  
  
These are the orders the Judge will sign. They must reflect what was in the forms in Step 1



If a response is filed and you are in agreement with the other party:  
  
**STIPULATED**



**STEP 3:**  
**Judgment Forms**  
  
These are the orders the Judge will sign. They will reflect an agreement between the two parties



If a response is filed by the other party, and both sides do not agree.  
  
**CONTESTED**  
You will need to ask the court for a trial date or enter into a mediation agreement



**STEP 3:**  
**Judgment Forms**  
  
These are the orders the Judge will sign. They will reflect what the Judge said at Trial or what the Mediation Agreement said.

**NOTE: EVEN IF YOU GO TO COURT, YOUR CASE IS ONLY FINALIZED ONCE YOU HAVE A JUDGMENT SIGNED BY THE JUDGE. A JUDGMENT IS A SERIES OF FORMS THAT CONTAIN ORDERS FOR CUSTODY, VISITATION, AND CHILD SUPPORT AND OFFICIALLY ESTABLISH WHO THE PARENTS OF THE CHILD(REN) ARE.**

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <b>PRINT YOUR NAME</b> FIRM NAME: STREET ADDRESS: <b>PRINT YOUR ADDRESS AND PHONE NUMBER</b> CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>SELF- REPRESENTED</b>	STATE BAR NUMBER:  <b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b> STREET ADDRESS: <b>PRINT THE ADDRESS OF</b> MAILING ADDRESS: <b>YOUR COURTHOUSE</b> CITY AND ZIP CODE: BRANCH NAME:	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">         Please note: Names of petitioner and respondent are always spelled exactly the same as written on the Summons (FL-210)       </div>
PETITIONER: <b>PRINT THE OTHER PARTY'S NAME</b> RESPONDENT: <b>PRINT YOUR NAME</b>	
<b>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>	CASE NUMBER: <b>PRINT CASE NUMBER</b>

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).
  - d.  Other (specify):

Check the box which explains the other party's relationship to the child(ren) in Item 2.

2. The children are
- |   |  |                                    |
|---|--|------------------------------------|
| a. <u>Child's name</u>                  | <u>Birthdate</u>                         | <u>Age</u>                         |
| <b>PRINT THE CHILD(REN)'S FULL NAME</b> | <b>PRINT THE BIRTHDATE OF EACH CHILD</b> | <b>PRINT THE AGE OF EACH CHILD</b> |

Check this box if you and the other party are the parents of a child not yet born.

- b.  a child who is not yet born
3. The respondent
- a.  lives in the state of California
  - b.  was listed in item 2 were conceived.
  - c.  do not know when listed in item 2 were conceived.
  - d.  was listed in item 2 were conceived.
  - e.  Other (specify):

Check off all the boxes that apply to you.

4. The children
- a.  live or are found in this county.
  - b.  are children of a parent who is deceased, and in this county.

The child(ren) must live in the County where the case was filed. If that is not the case, seek legal advice.

5. The respondent is
- a.  the parent of the children listed in item 2 above.
  - b.  not 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):

Indicate your relationship to the child(ren).

6. Additional statements
- a.  Parentage has been determined by a voluntary declaration of paternity.
  - b.  Parentage has been established in another case  government benefits are being provided to the children.
  - c.  Public assistance is being provided to the children.

If the father signed a Voluntary Declaration of Paternity at the hospital admitting that he is the father, check "a." Please keep in mind this is a separate legal document from the birth certificate. If any other court established Paternity check "b." Check this box if you receive government benefits for the child (i.e. TANF, CalWORKs)

7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act

PETITIONER: <b>PRINT THE OTHER PARTY'S NAME</b> RESPONDENT: <b>PRINT YOUR NAME</b>	CASE NUMBER: <b>PRINT CASE NUMBER</b>
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The respondent asks that the court

8. PARENT-CHILD RELATIONSHIP
- a.  Respondent
- b.  Respondent
- c.  Respondent requests custody of the children listed in item

If both you and the other party are the parents of the child(ren) then check "a"  
 If you believe one of you are not the parent of the child(ren) then check the appropriate box in "b"  
 If you are requesting genetic testing to determine whether one of you is the parent of the child(ren) then check the appropriate box in "c"

parent of the

9. CHILD CUSTODY AND VISITATION
- a. Legal custody
- b. Physical custody
- c. Child custody and visitation

Check who is to have legal and physical custody. It can be you, the other party or joint.  
 NOTE: Legal custody is the ability to make the health, welfare and educational decisions for your child(ren). Physical custody is the parent the child lives with primarily.

	Petitioner	Respondent	Joint	Other
a. Legal custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child custody and visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms listed provide certain additional orders on custody and visitation. If you do not select them, you and the other party will have to work out these details on your own. If you select them, you can obtain the applicable form from (FL-312, FL-341(C), FL-341(D), FL-341(E) the court website at www.lacourt.org

As requested in  form FL-311  form FL-312  form FL-341  form FL-341(D)  form FL-341(E)  Attachment

- 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 TO BE PAID BY
- Reasonable expenses of pregnancy and birth to be paid by as follows:

8d you can explain why you are requesting custody and visitation. Some options are writing in "Best interests of the child(ren)," or you can attach the form MC-025 and explain your reasons on the separate page.

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

Check the box if you would like to change the name of the child and write the full old name and full new name you want to give your child.

names):

13. OTHER ORDERS REQUESTED (specify):

If there are any other orders you would like to request write them in this space provided. Some examples of other orders requested are: "Request to put father on child's birth certificate", "Request for child(ren) passport", etc.

14. CHILD SUPPORT

The court may make orders for support of the children and

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: **PRINT THE DATE**

**PRINT YOUR NAME**  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

**SIGN YOUR 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:	Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)	CASE NUMBER:  Print Case Number
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CHILD CUSTODY

VISITATION 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 meaningful contact with both parents. Parents should be encouraged to share the responsibility of raising their children in the best interests of the children. If a parent's contact with a child is not in the best interests of the child, the court may limit or deny that parent's contact with a child.
- When making any orders about physical and legal custody (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](http://selfhelp.courts.ca.gov/child-custody#best-interest) and [selfhelp.courts.ca.gov/domestic-violence-child-custody](http://selfhelp.courts.ca.gov/domestic-violence-child-custody)

Check the box that corresponds to the form this is being attached to

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

1. Minor Children

Attachment 1.

Child's name	Birthdate	Age
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Print the full name, date of birth and age of each minor child you have with the other parent in the spaces provided.

2.  Custody of the minor children is requested as follows:      Petitioner      Respondent      Joint      Other Parent/Party

- a. Physical custody of children to.....  
*(The person with whom the child will regularly live)*
- b. Legal custody of children to .....  
*(The person who decides about the child's health, education, and welfare)*

If you want the court to make decisions on custody, check this box and mark which parent you want to have legal and physical custody of the minor children listed in 1.

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 custody, see [FL-341\(E\)](#).

- c.  There are all
- d.  Other (specify).

Check this box and complete item 5 if there are or have been allegations of a history of abuse or substance abuse by either parent in this case.

3.  Visitation

- a.  Check (a) if you want reasonable visitation. This means that you will be able to work out a visitation schedule with the other parent. This type of order is difficult to enforce by the police because it is not specific. You should be sure that you can agree with the other party when you choose this option.
- b.  Check (b) if you have a proposed visitation schedule on another document. Include # of pages and date of document.
- c.  Check (c) if you are including a schedule on the next page (item 4).
- d.  Check (d) if you want supervised visitation and complete item 6.
- e.

**Note:** Check (e) if you want no visitation. This means that the other parent never sees the child(ren). If you choose this option, you must explain why in item 13.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)</b>	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; width: 80%; margin: 0 auto;"> <b>Print Case Number</b> </div>
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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: (or After) School (if applicable)

(1)  **Weekends starting** (Note: The first  **Weekend**  **Day(s)**  **times**  **start of**  **after**)

<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						<input type="checkbox"/> after
<input type="checkbox"/> 3rd						<input type="checkbox"/> after
<input type="checkbox"/> 4th						<input type="checkbox"/> after
<input type="checkbox"/> 5th						<input type="checkbox"/> after

If you want visitation, check this box and also check which parent will get the proposed visitation schedule you are requesting.

Check box (a) if you want specific visitation. This means you set out a specific set of days and times that the other parent would visit with the child(ren). You may request for the other parent to have overnight visits, certain days, and/or weekends. Check which parent will get the proposed visitation schedule you are requesting.

- (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 may be by video (e.g., Zoom, FaceTime, or a computer) for a parent and child(ren) at [selfhelp.courts.gov](#)  smart watch, or  safe virtual visits

Check box (b) if you want virtual visitation and describe the schedule in spaces provided or use a form and title it "Attachment 4b"

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



PETITIONER:  
RESPONDENT:  
OTHER PARENT/PARTY:

Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)

CASE NUMBER:

Print Case Number

5.  Child custody and visitation when there are allegations of a history of abuse or substance abuse

a. Allegations

- (1)  Petitioner  Respondent a history of abuse against any of the following person they live with or are dating or engaged to be married.
- (2)  Petitioner  Respondent habitual or continual illegal use of controlled substances or habitual or continual abuse of prescribed medications.

Check and complete paragraph #5 if you checked paragraph 2 (c).

In paragraph 5(a), explain which parent you allege to abuse or have a history of substance abuse.

In Paragraph 5(b) in paragraph 5 (b) (1 or 2) and explain your child custody request.

b. Child custody

- (1)  I ask that the court NOT order sole custody.
- (2)  Even though there are allegations of a history of abuse or substance abuse, I ask that the court order sole custody.

*(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.

- (A) Even though there are allegations of a history of abuse or substance abuse, I ask that the court order unsupervised visitation.
  - (B) The reasons why the court should order unsupervised visitation 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, 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:

If you are alleging abuse, past or present...

Check c (1) if you want the court to order supervised visitation and specify your schedule in paragraph 6

Check c (2) and complete this section if you want the visits to be unsupervised, even though you are alleging a history of abuse, past or present.

- (3)  Other (specify):



Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)

CASE NUMBER:

Print Case Number

PETITIONER:  
RESPONDENT:  
OTHER PARENT/PARTY:

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

(To learn about supervised visitation, go to: [selfhelp.courts.ca.gov/guide-supervised-visitacion](http://selfhelp.courts.ca.gov/guide-supervised-visitacion).)

a. I ask that  petitioner  respondent  other parent/party have supervised visitation with the minor children.

b. The reasons why I ask for supervised visitation are:  
(Write the reasons why you want supervised visitation for the child.)  
 Below

If you checked Paragraph 3 (d), complete this section about supervised visitation.

c. I ask that the visitation be:

(1)  The visitation be supervised by a professional supervisor.  
(A) \_\_\_\_\_

(B) \_\_\_\_\_

(2)  The visitation be supervised by \_\_\_\_\_  
Supervisor

d. Location of supervised visitation:

- (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.

b.  Transportation to \_\_\_\_\_

c.  Transportation from \_\_\_\_\_

d.  The exchange place is \_\_\_\_\_

e.  The exchange place is \_\_\_\_\_

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): \_\_\_\_\_

Check this box and complete this section if you want to specify which party will **pick up and drop off** children, and at what specific address. You may also make additional requests regarding transportation in this section.



PETITIONER:  
RESPONDENT:  
OTHER PARENT/PARTY:

Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)

CASE NUMBER:  
Print Case Number

- 8.  **Travel with children** The  must have written permission from the
  - a.  the state of California.
  - b.  the following counties (*spec*
  - c.  other places (*specify*):

Check this box and complete this section if you want to specify which part(ies) will have to complete additional requirements to travel with child(ren).

- 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*

Note: Parents with a  
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- 11.  **Children's holiday**

Read 9-13 carefully. Check box(es) of any additional order(s) you want. If you intend to or have already filled out a listed form attachment, check the appropriate box and attach that/those additional document(s) behind this page.

41(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: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name): <b>Print "Self-Represented"</b>	<b>FOR COURT USE ONLY</b>
<b>Print Your Name, Address and Phone Number in Spaces Provided</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <b>Print "Los Angeles"</b> STREET ADDRESS: <b>Print Court's Address</b> MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: <b>Print Petitioner's Full Name</b> RESPONDENT: <b>Print Respondent's Full Name</b> OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	
Minor	CASE NUMBER:  <b>PRINT CASE NUMBER</b>
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

Please note: Names of petitioner and respondent are always spelled exactly the same as written on the Petition (FL-100 or FL-200)

1. I am (check one):  a party to this proceeding **Print the Number of Minor Child(ren) you have with the other party** authorized representative of the \_\_\_\_\_ to determine custody of a child.
2. There are (specify number): \_\_\_\_\_ minor child(ren) 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>Print the Full Name, Date of Birth and Place of Birth (city and state) of your minor child(ren) with the other party in the spaces provided.</b>	
b.		
c.		
d.		

Check this box if you need more space and complete form MC-020. **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 all the child(ren) listed in paragraph 2 have lived together for the past 5 years. **Check this box if all the child(ren) listed in paragraph 2 have lived together for the past 5 years.** (Provide the current address 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		
From:			

Complete this section and provide information about where the child(ren) have lived for the past 5 years and who they lived with at the time in the spaces provided. You will need time periods, city and state and who the child lived with at the time.

Check this box if you are completing form MC-020 to add more addresses for the child(ren). **Check this box if you are completing form MC-020 to add more addresses for the child(ren)**

- 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.)

**Check this box and complete form FL-105(a) if the child(ren) listed in 2 have not all lived together for the past 5 years.**

CASE NAME: <b>Print Petitioner's Last Name vs. Respondent's Last Name</b>	CASE NUMBER: <b>PRINT CASE NUMBER</b>
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Is there another custody, visitation, or support <b>case related</b> to any child(ren) in this action.
a. <input type="checkbox"/> Family			<b>Is there another custody, visitation, or support <b>case related</b> to any child(ren) in this action.</b>
b. <input type="checkbox"/> Probate Guardianship			
c. <input type="checkbox"/> Other			
<b>If there is a related case this section should be filled out with as much information as you can provide about the related case</b>			
Proceeding	Case number	Court (name, state or tribe, location)	
d. <input type="checkbox"/> Juvenile			
e. <input type="checkbox"/> Adoption			

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

Court	Is there a <b>restraining order related</b> to this action.	Orders expire (date)
a. <input type="checkbox"/> Criminal	<b>If there is a related restraining order this section should be filled out with as much information as you can provide about the related restraining order</b>	
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:	b. Name and address of person:	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:		

7.  Number of pages attached: \_\_\_\_\_  
 I declare under penalty of perjury under the laws of the State of California that the information provided in this declaration is true and correct.

Date: **Print Date** \_\_\_\_\_

**Print Your Full Name** \_\_\_\_\_ (NAME OF DECLARANT)

**Sign Your Name** \_\_\_\_\_ (SIGNATURE OF DECLARANT)

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: <b>(PRINT YOUR NAME)</b> FIRM NAME: STREET ADDRESS: <b>(ADDRESS)</b> CITY: <b>(CITY)</b> STATE: <b>CA</b> ZIP CODE: <b>(ZIP CODE)</b> TELEPHONE NO.: <b>(PHONE #)</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>SELF-REPRESENTED (PRINT)</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT)</b> STREET ADDRESS: <b>(COURT ADDRESS)</b> MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b> OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER: <b>(CASE #)</b>

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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	Information from your last or current job.
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(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:

Fill out the remaining sections (2, 3, and 4) letter by letter. Be sure to enter in any information where it states "(specify)" or "(explain)".

Choose only one and how much is earned for that period

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: **(DATE)**

**(PRINT YOUR NAME)**

**(SIGNATURE)**

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b>	CASE NUMBER: <b>(CASE #)</b>
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If there is any income from the following items listed be sure to list what was received last month and what is the average monthly. If you did not receive income from any of these sections be sure to write in a zero. \*NOTE: Average month calculation can be done by adding what was earned for the year and dividing it by 12

Attach a copy of your latest federal tax return.  
 Last month      Average monthly

5. 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)  currently receiving ..... \$ \_\_\_\_\_
- e. Spousal support  from this marriage  from a different marriage  federally taxable\* ..... \$ \_\_\_\_\_
- f. Partner support  from this domestic partnership  from a different domestic partnership ..... \$ \_\_\_\_\_
- g. Pension/retirement fund payments ..... \$ \_\_\_\_\_
- h. Social Security retirement (not SSI) ..... \$ \_\_\_\_\_
- i. Disability:  Social Security (not SSI)  State disability (SDI)  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 12 months for each of your businesses. Black out your Social Security number. If you have more than one business, attach a separate statement for each.

Read to see if these apply and specify or explain

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 in the last 12 months because (specify):

List any monthly deductions from your paycheck

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 (specify explanation labeled "Question 10g")	\$	_____

List any assets you may have

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: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b> OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:  <p style="text-align: center;"><b>(CASE #)</b></p>
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12. The following people live with me:

Name	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

The name, age, relationship to you, and monthly income for any person that lives in your household. \*NOTE: If you are renting a room from a person you do not need to list that person, or other people that may live in the household, unless they are helping you with your expenses.

13. Average monthly expenses  Estimated expenses  Actual expenses  Proposed needs

a. Home:

(1)  Rent or mortgage \$ \_\_\_\_\_ p. Laundry and cleaning \$ \_\_\_\_\_

If mortgage:

(a) average \$ \_\_\_\_\_

(b) average \$ \_\_\_\_\_

(2) Real property \$ \_\_\_\_\_

(3) Homeowner's (if not included) \$ \_\_\_\_\_

(4) Maintenance \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

o. Charitable contributions \$ \_\_\_\_\_

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ \_\_\_\_\_

q. Other (specify): \$ \_\_\_\_\_

List monthly expenses to the best of your abilities. It is okay to estimate and not be exact. NOTE\* Monthly expenses should not be more than your income unless you have indicated somewhere in this form as to who, or how those expenses are being paid (8, 9, 13s, and 20 are areas sections where the difference can be explained).

Other monthly payments such as: car payments, credit card payments, personal loan payment, etc. The total monthly goes on 13p.

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)

\_\_\_\_\_

(SIGNATURE OF DECLARANT)

PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b> OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:  <b>(CASE #)</b>
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**CHILD SUPPORT INFORMATION**

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

**16. Number of children**

List # of children if any

- 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.)*

What % of time do you spend with your children, and what % of time does the other party spend with the children. \*NOTE: If you are unsure about the % you can write out what visitation schedule you currently have in this space.

**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: \_\_\_\_\_

Do you pay for the children's health insurance? If you answered yes, then fill out the rest of this section. \*NOTE: If your child is receiving Medi-Cal you only mark the space "I do not"

- d. The monthly cost for the children's \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

- 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)*: ..... \$ \_\_\_\_\_

Amount per month

Do any of these additional month expenses apply?

**19. Special**

Has there been hardships such as: a stolen car, house fire, medical injury, etc. How much per month, and how many months, will you be paying for the hardship?

- a. Extraordinary expenses *(attach documents)* ..... \$ \_\_\_\_\_ For how many months? \_\_\_\_\_
- b. Major medical or dental expenses *(examples: fire, theft, other)* ..... \$ \_\_\_\_\_
- c. Expenses per month for children from other relationships ..... \$ \_\_\_\_\_ UNTIL AGE OF MAJORITY

(2) Names and ages of those children *(specify)*:

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

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

\*NOTE: Only if write this if there are minor children in the relationship

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

Any additional information the court should know goes here. Some example are: "My parent's cover my expenses", "I have been struggling to pay my bills and I'm in debt", etc.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>PRINT YOUR NAME , ADDRESS AND TELEPHONE NUMBER</b>		<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>PRINT "SELF-REPRESENTED"</b>	FAX NO. (Optional):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF PRINT LOS ANGELES</b> STREET ADDRESS: MAILING ADDRESS: <b>PRINT THE COURT'S ADDRESS</b> CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: <b>PRINT THE OTHER PARTY'S NAME</b>	RESPONDENT/DEFENDANT: <b>PRINT YOUR NAME</b>	CASE NUMBER: <b>PRINT THE CASE NUMBER</b>
OTHER PARENT/PARTY:		(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>		

**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:

The person who is mailing your response must write THEIR complete address.  
NOTE: This person must be over 18 years old and NOT you.

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

Print the names of each document that was mailed to the other side.

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 at the place shown in item 4 following our ordinary business practices. I am readily familiar with the place for collecting and processing correspondence for mailing. On the same day that correspondence is placed in the envelope 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.

SELECT (A) or (B)

4. The envelope was addressed and mailed as follows:

- a. Name of person served: **PRINT THE NAME AND ADDRESS OF THE PERSON THE FORMS ARE BEING MAILED TO**
- b. Address: **MAILED TO**

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

The person who is mailing these forms must write the date they mailed the forms, the city, and the state the forms were mailed from

5.  I served a request to modify a child custody, visitation, or child support order, which included an address verification declaration. (Declaration for Custody, Visitation, or Child Support Order for **to Modify a Child**)

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

Date: **PRINT THE DATE**

**PRINT THE NAME OF THE PERSON THAT MAILED THE FORMS**  
(TYPE OR PRINT NAME)

**SIGNATURE OF PERSON THAT MAILED THE FORMS**  
(SIGNATURE OF PERSON COMPLETING THIS FORM)