

Pedido de Fallo en un Caso de Divorcio

(Divorce Request to Enter Default How-To)



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

Guía

Centro de Acceso de Auto-Ayuda Legal

Santa Monica

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

Inglewood

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

Torrance

825 Maple Ave.,
Cuarto 160
Torrance, CA 90503

Long Beach

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

Esta guía está diseñado para ayudarle a usted en llenar los formularios usted mismo. No tiene la intención de proporcionar asesoramiento legal, ni la estrategia de como completar el caso. La información proporcionada en este paquete solo presenta opciones y ejemplos. Esto no es un sustituto para el consejo legal profesional de un abogado.

Mayo 2020

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blanco
intencionadamente**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Escriba su nombre
Escriba su dirección

TELEPHONE NO.: **Escriba su número de teléfono** FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Escriba "Self-Represented"**

Si ya completo y NO han habido cambios en la información proporcionada en los formularios Declaración de Ingresos y Gastos (FL-150) y Declaración de Propiedad (FL-160), marque la casilla "is not attached."

*

De lo contrario, si no ha completado o han habido cambios en la información proporcionada en los formularios Declaración de Ingresos y Gastos (FL-150) y Declaración de Propiedad (FL-160), marque la casilla "is attached" y complete los formularios.

*

Es importante completar los formularios mencionados, si no, puede causar problemas en finalizar su divorcio.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE: **Escriba la dirección de la corte**

BRANCH NAME:

PETITIONER: **Escriba su nombre**

RESPONDENT: **Escriba el nombre de la otra parte**

REQUEST TO ENTER DEFAULT

CASE NUMBER:
Escriba el número de caso

- To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
- A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) is attached is not attached.
 A completed *Property Declaration* (form FL-160) is attached is not attached.
 because (check at least one of the following):
 - there have been no changes since the previous filing.
 - the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
 - there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
 - the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
 - there are no issues of division of community property.
 - this is an action to establish parental relationship.

Marque todas las casillas que apliquen en el #2. Si no han habido cambios, marque la casilla #2a.

Date: **Escriba la fecha**

Escriba su nombre
 (TYPE OR PRINT NAME)

Su firma
 (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

- Declaration**
 - No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
 - A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (address of the respondent's attorney or, if none, the respondent's last known address):

Escriba el nombre y dirección de la otra parte (el/la demandado(a)). Si no tiene la dirección actual, escriba la última dirección conocida.

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

Date: **Escriba la fecha**

Escriba su nombre
 (TYPE OR PRINT NAME)

Su firma
 (SIGNATURE OF DECLARANT)

FOR COURT USE ONLY

Request to Enter Default mailed to the respondent or the respondent's attorney on (date):

Default entered as requested on (date):

Default **not** entered. Reason:

Clerk, by **Dejar en blanco**, Deputy

CASE NAME (Last name, first name of each party):

CASE NUMBER:

Escriba su apellido, su primer nombre "vs." El apellido, el primer nombre de la otra parte

Escriba el número de caso

4. Memorandum of costs

a. Costs and disbursements are waived.

Si no tuvo que pagar por archivar su Petición con la corte, marque la casilla 4a.

b. Costs and disbursements are listed as follows:

- (1) Clerk's fees \$
- (2) Process server's fees \$
- (3) Other (specify): \$
- \$
- \$
- \$
- TOTAL \$

Si tuvo que pagar por archivar su Petición con la corte y otros costos para proceder con el caso (ejemplo: pagar un profesional de entrega legal), marque las casillas que aplican en el 4b. También liste los costos y el total.

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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

Date: **Escriba la fecha**

Escriba su nombre

(TYPE OR PRINT NAME)

Su firma

(SIGNATURE OF DECLARANT)

5. Declaration of nonmilitary status. The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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

Date: **Escriba la fecha**

Escriba su nombre

(TYPE OR PRINT NAME)

Su firma

(SIGNATURE OF DECLARANT)

!Importante!
Recuerde que esta firmando bajo pena de perjurio que la información proporcionado en este formulario es correcto.
También esta firmando que la otra parte NO esta en el servicio militar de los Estados Unidos. Si la otra parte esta en el servicio militar, consulte con el personal del Centro de Acceso Legal de Auto-Ayuda o un abogado.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Escriba su nombre Escriba su dirección	
TELEPHONE NO.: Escriba su número de teléfono FAX NO.: E-MAIL ADDRESS:	
ATTORNEY FOR (Name): Escriba "Self-Represented"	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: Escriba la dirección de la corte CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: Escriba su nombre RESPONDENT: Escriba el nombre de la otra parte OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input checked="" type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input checked="" type="checkbox"/> Final	CASE NUMBER: Escriba el número de caso

1. I am the attorney for petitioner respondent in this matter.
2. Petitioner's Respondent's Preliminary Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
 - the other party the other party's attorney by personal service mail
 - Other (specify):
on (date): **Escriba la fecha de entrega**
3. Petitioner's Respondent's Final Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2104 were served on:
 - the other party other party's attorney 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). (Form FL-144 may be used for this purpose.) The waiver was filed on (date):
 is being filed at the same time as this form.
 - b. The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

Indique la fecha y como los siguientes documentos fueron entregados a la otra parte:

(1) FL-160- Declaración de Propiedad,
(2) FL-150- Declaración de Ingresos y Impuestos,
(3) FL-140- Declaración de Revelación,
(4) copias de sus impuestos de los 2 años anteriores, y
(5) copias de 2 meses de sus talones de sueldo.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

Date: **Escriba la fecha**
Escriba su nombre

Su firma

(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.

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