

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

Dec. 2021

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



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



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 must reflect what
was in the forms in Step 1



STEP 3:
Judgment Forms

These are the orders the Judge
will sign. They will reflect an
agreement between the two
parties



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.

<p>PARTY WITHOUT ATTORNEY OR ATTORNEY</p> <p>NAME: PRINT YOUR NAME</p> <p>FIRM NAME:</p> <p>STREET ADDRESS: PRINT YOUR ADDRESS AND PHONE NUMBER</p> <p>CITY: STATE: ZIP CODE:</p> <p>TELEPHONE NO.: FAX NO.:</p> <p>E-MAIL ADDRESS:</p> <p>ATTORNEY FOR (name): SELF- REPRESENTED</p>	<p><i>FOR COURT USE ONLY</i></p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</p> <p>STREET ADDRESS: PRINT THE ADDRESS OF</p> <p>MAILING ADDRESS: YOUR COURTHOUSE</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>PETITIONER: PRINT THE OTHER PARTY'S NAME</p> <p>RESPONDENT: PRINT YOUR NAME</p>	
<p>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</p>	<p>CASE NUMBER:</p> <p>PRINT THE CASE NUMBER</p>

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. Child's name
PRINT THE CHILD(REN)'S FULL NAME

- a. Birthdate
PRINT THE BIRTHDATE OF EACH CHILD

- a. Age
PRINT THE AGE OF EACH CHILD

 - b. ☐ a child who is not yet born

Check this box if you and the other party are the parents of a child 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 if listed in item 2 were conceived.
 - d. ☐ was listed in item 2 were conceived.
 - e. ☐ Other (*specify*):

Check off all the boxes that apply.

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 child(ren) above.
 - b. ☐ not the parent of the children listed in item 2 above.
 - c. ☐ not the parent of the child(ren) 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.

Check box (a) If the father signed a Voluntary Declaration of Paternity at the hospital admitting that he is the father. Please keep in mind this is a separate legal document from the birth certificate.

 Check box (b) If any other court established Paternity.

 Check box (c) if you receive government benefits for the child (i.e. TANF, CalWORKs)

7. A completed *Declaration Under Uniform Child Custody Jurisdiction and*

PETITIONER: PRINT THE OTHER PARTY'S NAME RESPONDENT: PRINT YOUR NAME	CASE NUMBER: PRINT THE CASE NUMBER
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The respondent asks that the court determine the following:

8. PARENT-CHILD RELATIONSHIP

- a. ☐ Respondent ☐ Petitioner
 b. ☐ Respondent ☐ Petitioner
 c. ☐ Respondent requests custody of the child(ren) listed in item 9.

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"

9. CHILD CUSTODY

- a. Legal
 b. Physical
 c. Child

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

..... ☐
 ☐
 ☐

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(D) ☐ form FL-341(E) ☐ form FL-341(C)

- d. The facts in support of the requested custody and visitation (parenting time) order
☐ Contained in the attached [declaration](#).

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

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.

..... ☐ Respondent ☐ Joint

11. FEES AND COSTS OF LITIGATION

- a. Attorney fees to be paid by
 b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by

Petitioner Respondent Joint
 ☐ ☐ ☐
 ☐ ☐ ☐

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

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: PRINT THE OTHER PARTY'S NAME RESPONDENT: PRINT YOUR NAME OTHER PARENT/PARTY:	CASE NUMBER: PRINT THE 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):

1. ☐ **Custody.** Custody of the minor children of the parties is requested as follows:

Child's Name

Date of Birth

Legal Custody to (person who decides about health, education, etc.) Physical Custody to (person with whom the child lives)

Print the name of each child

Print date of birth
of each child

**PRINT THE NAME(S) OF THE PARENT(S) YOU ARE
REQUESTING TO HAVE LEGAL and PHYSICAL
CUSTODY**

2. ☐ **Visitation (Parenting Time).**

Note: Unless specifically ordered, a child's holiday schedule order has priority over

a. ☐ Reasonable right of parenting time (visitation) to the party without physical custody (involving domestic violence).

b. ☐ See the attached _____-page document dated (specify date):

c. ☐ You have three options for visitation:

1. **Reasonable Visitation:** This means that you will be able to work out a visitation schedule with the other party. This type of order is not enforceable 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.

2. **No Visitation:** This means that the other party never sees the child(ren). You need to show the other parent is physically or mentally dangerous to the child(ren), a flight risk of something similar. If you choose this option, you must explain why in a declaration.

3. **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, or weekends.

(day of week)

(time)

(3) ☐ **Weekdays starting (date):**

from _____ at _____ ☐ a.m. ☐ p.m./ If applicable, specify: _____

(day of week)

(time)

to _____ at _____ ☐ a.m. ☐ p.m./ If applicable, specify: _____

(day of week)

(time)

(4) ☐ Other visitation (parenting time) days and restrictions are: ☐ listed in Attachment 2e(4)
☐ as follows:

Joint physical custody means that physical custody is split 50/50. Primary physical custody means the child(ren) live(s) mostly with one parent.

If applicable, check "start of" OR "after school."
parenting time (visitation) will be as follows:

on a Saturday.)

_____ weekend of the month

_____ p.m./ If applicable, specify: ☐ start of school ☐ after school

_____ p.m./ If applicable, specify: ☐ start of school ☐ after school

the ☐ petitioner ☐ respondent

weekend, which starts (date):

_____ other parent/party will have the fifth
months.

☐ p.m./ If applicable, specify: ☐ start of school ☐ after school

☐ p.m./ If applicable, specify: ☐ start of school ☐ after school

PETITIONER: PRINT THE OTHER PARTY'S NAME RESPONDENT: PRINT YOUR NAME OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
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3. ☐ **Supervised visitation (parenting time).**

- a. If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for you or the child. **This section should only be completed if you are requesting supervised visitation. *NOTE: You will have to explain to the court in your attached declaration the reasons why you are requesting supervised visitation. The schedule you have provided on the previous page will be the supervised visitation schedule you are requesting.**
- b. ☐ The person who is the supervisor of the supervised visitation (parenting time) is:
- c. I request that (name): _____
- d. I request that the visitation be supervised by _____ (parenting time) who is a ☐ professional ☐ nonprofessional supervisor. The supervisor's phone number is (specify): _____
- e. I request that any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent; other parent/party: _____ percent.

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

- a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- b. ☐ Transportation will be provided by the petitioner.
- c. ☐ Transportation will be provided by the respondent.
- d. ☐ The exchange will take place at _____
- e. ☐ The exchange will take place at _____
- f. ☐ During the exchange, the children will be taken to _____ (his or her home (or exchange location) or other location).
- g. ☐ Other (specify): _____
- This section should only be completed to specify which party will pick up and drop off children, and at what specific address. *NOTE: If pick up and drop offs are sometimes an issue with the other party, one of your options is to have pick up and drop off locations be at your local police department.**

5. ☐ **Travel with children.**

- a. ☐ the state of California
- b. ☐ the following court order: _____
- c. ☐ other places (specify): _____
- This section should only be completed to add travel restrictions with the children. This means the party cannot leave designated areas without written permission (text and email from the other party, or a court order). *NOTE: The restriction can be for both parties, but understand you are putting a restriction.**

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

7. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached ☐ form FL-341(C)

☐ Other (specify): _____

8. ☐ **Additional custody provisions.** I request the additional

☐ form FL-341(D) ☐ Other (specify): _____

9. ☐ **Joint legal custody provisions.** I request joint legal

☐ form FL-341(E) ☐ Other (specify): _____

10. ☐ **Other.** I request the following additional orders (specify): _____

These forms listed provide certain additional restrictions 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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): (YOUR NAME) (ADDRESS) (CITY, STATE) (ZIP CODE) TELEPHONE NO.: (PHONE #) FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SELF-REPRESENTED (PRINT)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT) STREET ADDRESS: (COURT ADDRESS) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): Minor	CASE NUMBER: (CASE #)
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **(# OF CHILDREN)** minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name (CHILD'S FULL NAME)	Place of birth (CHILD'S BIRTH CITY, AND STATE)	Date of birth (CHILD'S DATE OF BIRTH)	Sex (F/M?)
Period of residence (MONTH/YEAR) to present Address (ADDRESS WHERE CHILD IS CURRENTLY LIVING) <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME) <input type="checkbox"/> Confidential	Relationship (MOM/DAD BOTH?)	
(MONTH/YEAR) to (MONTH/YEAR) Child's residence (City, State) (CITY, STATE WHERE CHILD WAS LIVING)	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME)	(MOM/DAD BOTH?)	
(MONTH/YEAR) to (MONTH/YEAR) Child's residence (City, State) (CITY, STATE WHERE CHILD WAS LIVING)	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME)	(MOM/DAD BOTH?)	
(MONTH/YEAR) to (MONTH/YEAR) Child's residence (City, State) (CITY, STATE WHERE CHILD WAS LIVING)	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME)	(MOM/DAD BOTH?)	
b. Child's name (2nd CHILD'S FULL NAME) <input type="checkbox"/> Residence information is the same as given above for child a. <i>If NOT the same, provide the information below.</i>	Place of birth (2nd CHILD'S BIRTH CITY, AND STATE)	Date of birth (2nd CHILD'S DATE OF BIRTH)	Sex (F/M?)
Period of residence to present Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to Child's residence	Person child lived with (name and complete current address)		
to Child's residence	Person child lived with (name and complete current address)		
to Child's residence (City, State)	Person child lived with (name and complete current address)		

If the children lived together for the past five years, mark this box. Otherwise you need to complete this section like the section above.

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: —(PETITIONER'S LAST NAME)V (RESPONDENT'S LAST NAME)	CASE NUMBER: (CASE #)
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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, location)	Child	Your connection to the case	Case status
a. <input type="checkbox"/> Family		<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Is there another custody, visitation, or support case related to this action? </div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 90%;"> If there is a related case this section should be filled out with as much information as you can provide about the related case </div>			
b. <input type="checkbox"/> Guardianship					
c. <input type="checkbox"/> Other					

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

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

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal			<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Is there a restraining order related to this action? </div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 90%;"> 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 </div>	
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

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

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody <input type="checkbox"/> Claims visitation rights
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Is there any other person claiming to have custody of your child(ren)? </div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 90%;"> If you marked Yes for #6, this section should be filled out with the information of the person claiming to have custody and visitation. </div>		
Name of each child		

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

Date: **(DATE)**

(PRINT YOUR NAME)

(SIGNATURE)

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

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

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.
- Information from your last or current job.

(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.)

Choose only one and how much is earned for that period

- 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)*".
☐

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)".

- 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: (PETITIONER'S NAME)
RESPONDENT: (RESPONDENT'S NAME)

CASE NUMBER:
(CASE #)

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

- 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 federal tax return. Black out your Social Security number. If you have more than one business, attach a separate statement for each business. 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):

10. Deductions

- 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 ☐ 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") \$

11. Assets

- 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, ☐ real and ☐ 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: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: (CASE #)
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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 \$ _____ h. 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 \$ _____ o. Charitable contributions \$ _____

c. Child care \$ _____ p. Monthly payments listed in item 14

d. Groceries and household supplies \$ _____ (itemize below in 14 and insert total here) \$ _____

e. Eating out \$ _____ q. Other (specify): \$ _____

f. Utilities (gas, electric, water, trash) \$ _____

g. Telephone, cell phone, and e-mail \$ _____

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: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">(CASE #)</div>
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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.)

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

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

Do any of these additional month expenses apply?

19. Special
(attach d

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?

- | | Amount per month | For how many months? |
|---|------------------|-----------------------|
| a. Extraordinary expenses (examples: fire, theft, other _____) | \$ _____ | _____ |
| b. Expenses per month for children from other relationships _____ | \$ _____ | _____ |
| c. _____ no are from other relationships and _____ | \$ _____ | 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 about support 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): PRINT YOUR NAME, ADDRESS AND TELEPHONE NUMBER		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PRINT SELF-RESPRESENTED		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PRINT LOS ANGELES STREET ADDRESS: PRINT THE COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: PRINT THE OTHER PARTY'S NAME		CASE NUMBER: PRINT THE CASE NUMBER
RESPONDENT/DEFENDANT: PRINT YOUR NAME		(If applicable, provide):
OTHER PARENT/PARTY:		HEARING DATE:
PROOF OF SERVICE BY MAIL		HEARING TIME:
		DEPT.:

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

- 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.
- 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.

- I served a copy of the following documents (*specify*):

FL-220, FL-311, FL-105, FL-150 (LIST ANY OTHER DOCUMENTS YOU FILLED OUT)

by enclosing them in an envelope AND

- ☐ **depositing** the sealed envelope with the United States Postal Service in the postage fully prepaid.
- ☐ **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.

- The envelope was addressed and mailed as follows:

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

c. Date mailed:

d. Place of mailing (*city and state*):

- ☐ I served a request to modify a child custody, visitation, or child support order (for *address verification declaration. (Declaration of Custody, Visitation, or Child Support Order (for*

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

which included an
to Modify a Child

- 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)

Page 1 of 1

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