

# **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 2023

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.**

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><br><b>PRINT THE CHILD(REN)'S FULL NAME</b> | <u>Birthdate</u><br><b>PRINT THE BIRTHDATE OF EACH CHILD</b> | <u>Age</u><br><b>PRINT THE AGE OF EACH CHILD</b> |
|---|--|--|

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 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 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.
7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act is attached to this response.

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)

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
- 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: <b>Print Petitioner's Full Name</b>	CASE NUMBER:
RESPONDENT: <b>Print Respondent's Full Name</b>	<b>PRINT CASE NUMBER</b>
OTHER PARENT/PARTY:	

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

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i>	<u>Physical Custody to</u> <i>(person the child regularly lives with)</i>
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Print Full Name and Date of Birth of Minor Child(ren) you have with the other party

For each child, list which parent(s) you want to have legal and physical custody. Please see above for an explanation of difference between physical and legal custody.

b.  **Custody with allegations of a history of abuse or substance abuse**

(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

(2)  Petitioner  Respondent  Other parent/party is (or are) alleged to have the habitual or controlled use of alcohol, or the habitual or continued use of a controlled substance

(3)  I ask that the court grant custody to the party (or parties) alleged to have a history of abuse or substance abuse.

(4)  Even though there are allegations against them of a history of abuse or substance abuse, I ask that the court grant custody to the party (or parties) alleged to have a history of abuse or substance abuse.

Below:  Attachment 1b.  Other (specify):

Check this box and complete this section if either party is alleging the other party (parent) has a history of abuse or substance abuse.  
 If (b) is checked, read (1) - (4) carefully and check box(es) that apply.

2.  **Visitation (Parenting Time).**

**Note: Unless specifically ordered, visitation shall be granted in cases involving domestic violence.**

a.  Reasonable visitation. Check (a) if you want reasonable visitation. This means that you will be able to work out a visitation schedule with the other party. 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.  See the attached document. Check (b) if you have a proposed visitation schedule on another document. Include # of pages and date of document.

c.  The parties will meet to discuss a parenting schedule. Check (c) if you and the other party are scheduled for mediation to discuss a parenting schedule. Include information about meeting in space provided.

d.  No visitation. Check (d) if you want 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.

PETITIONER: <b>Print Petitioner's Full Name</b> RESPONDENT: <b>Print Respondent's Full Name</b> OTHER PARENT/PARTY:	CASE NUMBER: <b>PRINT CASE NUMBER</b>
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- e.  Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")  
 **Petitioner's**  **Respondent's**  **Other Parent's/Party's** parenting time (visitation) will be as follows:

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

(Note: The first we

1st   
 from \_\_\_\_\_  
 (day of week)  
 to \_\_\_\_\_  
 (day of week)

(a)  T

(b)  The  petitioner  respondent  other parent/party

will have the fifth weekend in  odd  even numbered months.

Check (e) 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, or weekends. Check which parent will get the proposed visitation schedule you are requesting.

- start of school  
 after school  
 start of school  
 after school

ner  respondent  
 s (date):

(2)  **Alternate weekends 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)

- start of school  
 after school  
 start of school  
 after school

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

from \_\_\_\_\_  
 (day of week)  
 to \_\_\_\_\_  
 (day of week) (time)

Check and complete paragraph #3 about type of visitation *only* if you allege the parent has a history of abuse, substance abuse, or other parenting concerns.

- start of school  
 after school  
 start of school  
 after school

(4)  Other visitation (parenting time) days and restrictions are:  [listed in Attachment 2e\(4\)](#)  
 as follows:

3.  **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

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

(1) I ask that  petitioner  respondent  other parent/party have supervised visitation with the minor child(ren).

(a)  Dom

(b)  Subs

or co

subs

(c)  Other parenting concerns (specify below):

Select (a) if you want one party to have supervised visitation with the child(ren) in this case and complete this section.

tances, or the habitual  
 ribed controlled

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below  [in Attachment 3a\(2\)](#)  Other (specify):

If you checked (a), then explain why you want supervised visitation and why unsupervised visitation would be bad for the child(ren).

PETITIONER: <b>Print Petitioner's Full Name</b> RESPONDENT: <b>Print Respondent's Full Name</b> OTHER PARENT/PARTY:	CASE NUMBER: <b>PRINT CASE NUMBER</b>
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(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

(i)  The person of requirements (form FL-324

(ii)  The person is Declaration of a declaration.

(iii) The provider's phone

If you checked (a), complete this section about who you want to serve as the visitation provider and in (3) (a) (3) (b) provide information about costs associated with supervised visitation.

must meet the (professional)

requirements listed in (FL-324(NP)) and sign

(b) Any costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent. other parent/party: \_\_\_\_\_ percent.

b.  **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

(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.

(2)  Petitioner  Respondent  Other parent/party is (or are) alleged to have the habitual or continuing abuse of alcohol, or the habitual or continuing substance abuse.

Select (b) if you want one party to have unsupervised visitation with the child(ren) in this case and complete this section.

(3) 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

(4) The reasons why the court should make the orders are (specify): (Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)

Below:  in Attachment 3b.  Other (specify):

If you checked (b), then explain why you want unsupervised visitation and why unsupervised visitation would be good for the child(ren) even though there are allegations of a history of abuse.

(5) The orders of transfer of the child, as Family Code section 6323(c) requires, shall be: \_\_\_\_\_ time, day, place, and manner

4.  **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, 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.  Transfer

c.  Transfer

d.  The

e.  The

f.  During

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 in this section.

wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

PETITIONER: <b>Print Petitioner's Full Name</b> RESPONDENT: <b>Print Respondent's Full Name</b> OTHER PARENT/PARTY:	CASE NUMBER: <b>PRINT CASE NUMBER</b>
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5.  **Travel with children** The  must have written permission from the
- a.  the state of California.
  - b.  the following counties (*specify*):
  - c.  other places (*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.

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  below  [on form FL-341\(C\)](#)

8.  **Additional custody**

Read 6-10 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.

[341\(D\)](#)

9.  **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out  below  [on form FL-341\(E\)](#)

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>(YOUR NAME)</b> <b>(ADDRESS)</b> <b>(CITY, STATE ) (ZIP CODE)</b>  TELEPHONE NO.: <b>(PHONE #)</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): 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:	
(This section applies only to family law cases.) PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b> OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER:  <b>(CASE #)</b>
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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

**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.) Page 1 of 2

SHORT TITLE: <b>(PETITIONER'S LAST NAME ) V (RESPONDENT'S LAST NAME)</b>	CASE NUMBER: <b>(CASE #)</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, location)	Child	Your connection to the case	Case status
a. <input type="checkbox"/> Family		<b>Is there another custody, visitation, or support <u>case related</u> to any child(ren) in this action.</b>			
b. <input type="checkbox"/> Guardianship	<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>				
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			<b>Is there a <u>restraining order related</u> to this action.</b>	
b. <input type="checkbox"/> Family	<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>			
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
<b>Answer Y or N, if someone else is claiming to have physical and/or legal custody of any child(ren) in this action. If you answered Yes, complete other information in this section.</b>		
<input type="checkbox"/> Has physical custody		
<input type="checkbox"/> Claims custody		
<input type="checkbox"/> Claims visitation		
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.**

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-REPRESNTED (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)".

**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 business. Attach a copy of your latest federal tax return. 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; font-weight: bold;">(CASE #)</p>
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12. The following people live with me:

Name		Pays some of the household expenses?
a.	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.	<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)  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 to Modify a Child Custody, Visitation, or Child Support Order (form FL-335))

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)

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intentionally  
blank.**