

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 2025

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: PRINT YOUR NAME FIRM NAME: STREET ADDRESS: PRINT YOUR ADDRESS AND PHONE NUMBER CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SELF- REPRESENTED	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT THE ADDRESS OF MAILING ADDRESS: YOUR COURTHOUSE 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: PRINT THE OTHER PARTY'S NAME RESPONDENT: PRINT YOUR NAME	
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER: PRINT CASE NUMBER

1. The petitioner
- a. is a parent of the children in item 2.
 - b. is not a parent of the children in item 2.
 - c. is the child or the child's personal representative (specify court).
 - 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>
PRINT THE CHILD(REN)'S FULL NAME | <u>Birthdate</u>
PRINT THE BIRTHDATE OF EACH CHILD | <u>Age</u>
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 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) listed in item 2 above.
 - b. not the parent of the children listed in item 2 above.
 - c. not the parent of the child(ren) 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.
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: PRINT THE OTHER PARTY'S NAME RESPONDENT: PRINT YOUR NAME	CASE NUMBER: PRINT CASE NUMBER
---	--

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 in the home

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 in the home	<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: Print Petitioner's Full Name	CASE NUMBER:
RESPONDENT: Print Respondent's Full Name	PRINT CASE NUMBER
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>
---------------------	----------------------	---	--

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 continuous use of alcohol, or the habitual or continuous use of drugs.
 - (3) I ask that the court grant custody to the party who is (or are) 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 custody be granted to the party who is (or are) 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 agree on a visitation 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: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
---	--

- 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)

(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)

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) Domestic violence, child abuse, or other parenting concerns, or the habitual

(b) Substance abuse, or other parenting concerns, or the habitual

(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.

stances, or the habitual described 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: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
---	--

(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 for unsupervised visitation (parenting time) shall be for _____ time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

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.

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

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

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: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: Print Your Name, Address and Phone Number in Spaces Provided	FOR COURT USE ONLY Please note: Names of petitioner and respondent are always spelled exactly the same as written on the Petition (FL-100 or FL-200)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):		CASE NUMBER: PRINT CASE NUMBER
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		

1. I am (check one): a party to this proceeding an authorized representative of the party 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.	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.		
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. *(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:			
From:			
From:			
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.

- Additional addresses are listed on Attachment 2.
- 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: Print Petitioner's Last Name vs. Respondent's Last Name	CASE NUMBER: PRINT CASE NUMBER
--	--

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)	Date of proceeding
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Probate Guardianship			
c. <input type="checkbox"/> Other			

Check Y or N if there another custody, visitation, or support **case related** to any child(ren) in this action.

If there is a related case this section should be filled out with as much information as you can provide about the related case

Proceeding	Date of proceeding
d. <input type="checkbox"/> Juvenile	
e. <input type="checkbox"/> Adoption	

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

Court	County	Orders expire (date)
a. <input type="checkbox"/> Criminal		
b. <input type="checkbox"/> Family		
c. <input type="checkbox"/> Juvenile		
d. <input type="checkbox"/> Other		

Check this box if there a **restraining order related** to this action.

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

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:

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.

<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	Name of each child: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	--

7. Number of pages attached: _____
 I declare under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Date: **Print Date** _____

Print Your Full Name _____ (NAME OF DECLARANT)

Sign Your Name _____ (SIGNATURE OF DECLARANT)

Check this box and write the number of pages attached, if any.

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: (PRINT YOUR NAME) FIRM NAME: STREET ADDRESS: (ADDRESS) CITY: (CITY) STATE: CA ZIP CODE: (ZIP CODE) TELEPHONE NO.: (PHONE #) FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SELF-REPRESNTED (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:	
PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: (CASE #)

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.
--	--	--

(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: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME)	CASE NUMBER: (CASE #)
--	---------------------------------

5. **Income** (Attach a copy of your latest federal tax return.)

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

	Last 12 months	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	\$ _____	\$ _____
b. Overtime (gross, before taxes)	\$ _____	\$ _____	\$ _____
c. Commissions or bonuses	\$ _____	\$ _____	\$ _____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	\$ _____	\$ _____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$ _____	\$ _____	\$ _____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	\$ _____	\$ _____
g. Pension/retirement fund payments	\$ _____	\$ _____	\$ _____
h. Social Security retirement (not SSI)	\$ _____	\$ _____	\$ _____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	\$ _____	\$ _____
j. Unemployment compensation	\$ _____	\$ _____	\$ _____
k. Workers' compensation	\$ _____	\$ _____	\$ _____
l. Other (military allowances, royalty payments) (specify):	\$ _____	\$ _____	\$ _____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	
b. Rental property income	\$ _____	
c. Trust income	\$ _____	
d. Other (specify):	\$ _____	

7. **Income from self-employment, after business expenses for all businesses**

I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify):
 Name of business (specify):
 Type of business (specify):

Attach a profit and loss statement for the last 12 months and your latest 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):

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: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: (CASE #)
--	-------------------------------------

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 \$ _____ 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: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: (CASE #)
--	-------------------------------------

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): PRINT YOUR NAME , ADDRESS AND TELEPHONE NUMBER		<i>FOR COURT USE ONLY</i>
TELEPHONE NO.: E-MAIL ADDRESS (Optional):	FAX NO. (Optional):	
ATTORNEY FOR (Name): PRINT "SELF-REPRESENTED" SUPERIOR COURT OF CALIFORNIA, COUNTY OF PRINT LOS ANGELES STREET ADDRESS: MAILING ADDRESS: PRINT THE COURT'S ADDRESS CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: PRINT THE OTHER PARTY'S NAME	RESPONDENT/DEFENDANT: PRINT YOUR NAME	CASE NUMBER: PRINT THE CASE NUMBER
OTHER PARENT/PARTY:		(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL		

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

- 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) :

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

by enclosing them in an envelope AND

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

- 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: **MAILED TO**
- Date mailed:
- 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

- 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**)

- 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)