

Respuesta a una Petición de Divorcio con Niños

(Divorce Response with Children How-To)



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

Guía

Centro de Acceso de Auto-Ayuda Legal

Santa Monica

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

Inglewood

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

Torrance

825 Maple Ave.,
Cuarto 160
Torrance, CA 90503

Long Beach

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

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

Proceso de un Caso de Divorcio

Paso 1:
Preparar y archivar la
Citación y Petición

Consiga a alguien, **NO USTED**, que entregue (o presente) los documentos a la otra parte. Espere 31 días después de la fecha que se le entregó (o presentó) los documentos a la otra parte.

Paso 2:
Fallo por comparecencia,
Sin Disputa, o Disputado

Si la otra parte no
archivó una respuesta:
"Fallo por
comparecencia"

Prepare el formulario
pedido de fallo
(FL-165) para ser
aprobado por la corte

Si la otra parte archivó
una respuesta, y ambas
partes no están de
acuerdo:
"Disputado"
Sera necesario solicitar
una fecha de juicio, o
llegar a un acuerdo en
mediación.

Si la otra parte
respondió y ambas
partes están de
acuerdo:

"Sin Disputa"

PASO 3: Fallo

Formularios que contienen las
órdenes que el juez firmará y
reflejan, en general, lo solicitado
en la Petición en Paso #1.

PASO 3: Fallo

Formularios que contienen las
órdenes que el juez firmará y
reflejan el acuerdo entre
ambas partes.

PASO 3: Fallo

Formularios que contienen las
órdenes que el juez firmará y
reflejan lo que dijo el juez en
juicio o el acuerdo que llegaron
en mediación.

!!IMPORTANTE! Aunque se presente en corte, su caso será finalizado solo cuando el juez haya firmado el fallo. El fallo es una serie de formas que contiene varias órdenes. Por ejemplo, de custodia y visitación, manutención de menores y conyugue, y indica la fecha cuando será soltero(a).

| | |
|---|---|
| PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Escriba su Nombre FIRM NAME: STREET ADDRESS: Escriba su direccion y numero de telefono CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Escriba "Self-Represented" | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Escriba "Los Angeles" STREET ADDRESS: Escriba la direccion de la corte MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado | Marque si esta solicitando un divorcio de un matrimonio y/o pareja de hecho. |
| RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input checked="" type="checkbox"/> Resolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership | CASE NUMBER: Escriba el numero de caso |

1. **LEGAL RELATIONSHIP** (check all that apply):
- a. We are married.
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was not established in California.

**#1. Marque "a" si estan casados
 Marque "b" si son pareja de hecho y su union se establecio en California
 Marque "c" si son paraja de hecho y su union no se establecio en California**

2. **RESIDENCE REQUIREMENTS** (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*, described in 1b., at least one of you must comply with this requirement.
- b. Our domestic partnership was established in California. Neither you nor your partner has ever lived in another state to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

#2. Marque "a" si usted o el demandante o los dos han sido residente de California por al menos 6 meses y residente de este condado por al menos 3 meses.

3. **STATISTICAL FACTS**

- a. (1) Date of marriage (specify) **Fecha de matrimonio** (2) Date of separation (specify): **Fecha de separacion**
 (3) Time from date of marriage to date of separation (specify): **Indique la duracion del matrimonio (anos y meses)**
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):
 (2) Date of separation (specify):
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN**

- a. There are no minor children.
- b. The minor children are:

| <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
|---|---|---|
| Escriba los nombres completos de los niños | Escriba las fechas de nacimiento de cada niños | Escriba las edades de cada niños |

- (1) continued on Attachment 4b.
- (2) a child who is not yet born.
- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be child support obligors.
- d. If there are any children born after the marriage or domestic partnership, a completed *Declaration Under Uniform Child Custody Jurisdiction* must be attached.
- e. Petitioner is requesting a declaration of parentage or paternity. (Attach a copy if available.)

Si el padre de los niños firmo una declaracion voluntaria de paternidad para que lo agregaran a la acta de nacimiento marque esta casilla.

| | |
|---|---|
| PETITIONER: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado | CASE NUMBER: Escriba el numero de caso |
|---|---|

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a. Respondent contends that the parties never legally married or registered a domestic partnership.
- b. Respondent denies the grounds set forth in item 5 of the petition.
- c. Respondent requests

Marque las casillas

- (1) Divorce Legal separation of the marriage or domestic partnership
 - (a) irreconcilable differences. (b) permanent legal incapacity
- (2) Nullity of void marriage or domestic partnership based on
 - (a) incest. (b) bigamy.
- (3) Nullity of voidable marriage or domestic partnership based on
 - (a) respondent's age at time of registration of domestic partnership or marriage. (d) force.
 - (b) prior existing marriage or domestic partnership. (e) force.
 - (c) unsound mind. (f) physical incapacity.

#6. Marque las casillas de lo que usted solicita para la custodia y visita. En #6c marque las casillas de los formularios que va incluir con su respuesta. FL-311 esta incluido en este paquete.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. Legal custody of children to
- b. Physical custody of children to
- c. Child visitation (parenting time) be granted to

| | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- As requested in form FL-311 form FL-312 form FL-341(C) form FL-341(D) form FL-341(E) Attachment 6c(1)

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by the parties during the marriage or domestic partnership, the court will make orders for child support in favor of the party requesting party.
- b. An earnings assignment may be issued to the party requesting party.
- c. Any party required to pay support may request termination of support.
- d. Other (specify):

Manutención del cónyuge es para ayudar al cónyuge que tiene menos ingresos o necesita capacitación para obtener un trabajo. Marque la casillas en la (a), si solicita manutención o solicita pagar a la otra parte manutención. Marque la casillas en la (b), si no desea recibir o pagar manutención. Marque las casillas en la (c), si no está solicitando manutención ahora, pero desea hacerlo en el futuro o si su matrimonio duró más de 10 años. Cuando un matrimonio duró más de 10 años, no puede solicitar terminar la autoridad del tribunal a otorgar manutención.

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (specify):

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in Property Declaration (form FL-160). Attachment 9b. the following list. Item Confirm to

#8. Marque "a" si no tiene bienes o deudas por separado

Marque las casillas en "b," si tiene bienes y deudas por separado que declarar

| | |
|---|---|
| PETITIONER: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado | CASE NUMBER: Escriba el numero de caso |
|---|---|

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160). in Attachment 10b.
 - as follows (*specify*):

#10. Marque "a" si no tiene bienes o deudas comunitarias
Marque las casillas en "b" si tiene bienes y/o deudas comunitarias

Marque la casilla #11 a., si desea solicitar que el demandante o demandado pague los honorarios y costos del abogado de la otra parte.

Marque la casilla #11 b., si usted desea solicitar cambiar a su nombre de soltero(a) y escriba su nombre anterior.

Marque la casilla #11 c., si desea solicitar otras órdenes y especifique lo que quiere que el juez otorgue.

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*):
- c. Other (*specify*):

Continued on Attachment 11c.

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

Date: **Escriba la Fecha**

Escriba su nombre _____ **Su firma** _____

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF RESPONDENT)

Date: _____

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

Custodia y Visita
Tipos de Custodia

*

Custodia legal: se refiere a la persona que hace las decisiones importantes sobre el bienestar de los niños. Por ejemplo, las decisiones de educación y salud. Ambos padres pueden compartir esta responsabilidad o un padre o madre puede tener el derecho exclusivo de decidir sobre el bienestar de los niños.

*

"Joint"=Conjunta

"Sole"=Exclusiva

Custodia Física: se refiere con quien los niños vivirán. Custodia exclusiva o primaria significa que los niños comparten el mayor tiempo con uno de los padres. Cuando hay custodia conjunta los niños comparten, en general, un 50/50 de tiempo.

"Sole"=Exclusiva

"Primary"=Primaria

"Joint"=Conjunta

Tipos de Órdenes de Visitas

*

A. Visita razonable: Esto significa que usted y el padre/madre llegarán a un acuerdo sobre el horario de visitas. Este tipo de orden no se puede hacer cumplir con la policía ya que no hay un horario específico.

*

B. Sin visita: Esto significa que el otro padre o madre no puede ver los niños. Debe demostrar que con el otro padre o madre pelagra la salud física o mental, hay riesgo de secuestro, o algo que demuestre porque negar visitas al otro padre o madre. Recuerde que un padre tiene derecho a ver sus hijos. Si escoge esta opción, debe explicar porque el otro padre no debería tener visitas.

*

C. Visitas con horario específico: Esto significa un plan detallado con días y horas que el otro padre o madre podría visitar los niños. Puede pedir que el otro padre o madre pueda tener los niños de noche a la mañana, ciertos fines de semana, o cualquier otro horario específico.

*

D. Visita Supervisada: Esto significa que alguien estará presente cuando los niños estén con el padre o madre. Debe demostrar que con el otro padre o madre pelagra la salud física o mental de los niños, hay riesgo de secuestro, o algo que demuestre porque al otro padre o madre debe tener visitas supervisadas. Si escoge esta opción, debe explicar porque el otro padre o madre debería tener visitas supervisadas.

*

*

*

¡SEA LO MÁS CLARO POSIBLE! LAS ÓRDENES QUE USTED SOLICITA PARA CUSTODIA Y VISITA DEBEN DE TENER SENTIDO PARA LA CORTE Y LOS CUERPOS POLICIALES PARA HACER CUMPLIR.

| | |
|--|---|
| PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY: | CASE NUMBER: ESCRIBA EL NÚMERO DE CASO |
|--|---|

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.

| Child's Name | Date of Birth | Legal Custody to (person who decides about the child's health, education, and welfare) | Physical Custody to (person the child regularly lives with) |
|--------------|---------------|---|--|
|--------------|---------------|---|--|

Escriba el nombre completo y la fecha de nacimiento de los hijos menores que tiene con la otra parte.

Para cada niño, indique qué padres desea que tengan la custodia física y legal. Consulte arriba para obtener una explicación de la diferencia entre custodia física y legal.

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 petitioner because the respondent is alleged to have a history of abuse.
 - (4) Even though I ask that the court grant custody to the respondent, I believe the petitioner should be granted custody, because of the respondent's history of abuse.
- Below: Attachment 1b. Other (specify):

Marque esta casilla y complete esta sección si cualquiera de las partes alega que la otra parte (padre) tiene antecedentes de abuso o abuso de drogas.
Si (b) está marcado, lea (1) - (4) atentamente y marque las casillas que correspondan.

2. Visitation (Parenting Time).

Note: Unless specifically ordered otherwise, the court will grant reasonable visitation to the non-custodial parent in cases involving domestic violence, sexual abuse, or child abuse.

- a. Reasonable visitation. Marque (a) si desea visitas razonables. Esto significa que podrá acordar un horario de visitas con la otra parte. Este tipo de orden es difícil de hacer cumplir por parte de la policía porque no es específica. Debe asegurarse de poder estar de acuerdo con la otra parte al elegir esta opción.
- b. See the attached document. Marque (b) si tiene un horario de visitas propuesto en otro documento. Incluya el número de páginas y la fecha del documento.
- c. The parties will agree to a visitation schedule. Marque (c) si usted y la otra parte están programados para una mediación para discutir un horario de visitas. Incluya información sobre el horario en el espacio provisto.
- d. No visitation. Marque (d) si no desea tener visitas. Esto significa que la otra parte nunca verá a los niños. Debe demostrar que el otro padre es físicamente o mentalmente peligroso para los niños, un riesgo de fuga de algo similar. Si elige esta opción, deberá explicar el motivo en una declaración.

| | |
|--|--|
| PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY: | CASE NUMBER: ESCRIBA EL NÚMERO DE CASO |
|--|--|

- 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

Marque (e) si desea visitas específicas. Esto significa que usted establece un horario específico de días y horas en que el otro padre visitaría a los niños. Puede solicitar que el otro padre tenga visitas nocturnas, en ciertos días o fines de semana. Marque qué padre recibirá el horario de visitas propuesto que está solicitando.

- start of school
 after school
 start of school
 after school

ner respondent
 s (date):

will have the fifth weekend in odd even numbered months.

(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)

Marque y complete el párrafo 3 sobre el tipo de visitas *solo si* alega que el padre tiene antecedentes de abuso, abuso de sustancias u otras preocupaciones de crianza. Marque y complete el párrafo 3 sobre el tipo de visitas *solo si* alega que el padre tiene antecedentes de abuso, abuso de drogas o otras preocupaciones de crianza.

- start of school
 school
 start of school
 school

(4) Other visitation (parenting time) 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.

(a) Domestic violence

(b) Substance abuse

(c) Other parenting concerns (specify below):

Seleccione (a) si desea que una de las partes tenga visitas supervisadas con los niños en este caso y complete esta sección.

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):

Si marcó (a), explique por qué desea visitas supervisadas y por qué las visitas no supervisadas serían malas para los niños.

| | |
|--|---|
| PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY: | CASE NUMBER: ESCRIBA EL NÚMERO DE CASO |
|--|---|

(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

Si marcó (a), complete esta sección sobre quién desea que actúe como supervisor de visitas y en (3) (a) (3) (b) proporcione información sobre los costos asociados con las visitas supervisadas.

must meet the (professional)

(ii) The person is Declaration of a declaration.

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

(iii) The provider's phone

(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

Seleccione (b) si desea que una de las partes tenga visitas sin supervisión con los niños en este caso y complete esta sección.

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

(3) Even though there are allegations of a history of abuse or substance abuse, 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):

Si marcó (b), explique por qué desea visitas sin supervisión y por qué las visitas sin supervisión serían buenas para los niños a pesar de que existen acusaciones o antecedentes de abuso.

(5) The orders 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

Marque esta casilla y complete esta sección si desea especificar cual padre recogerá y dejará a los niños, y en qué dirección específica. También puede realizar solicitudes adicionales en esta sección.

c. Transfer

d. The

e. The

f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other (specify):

| | |
|--|---|
| PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY: | CASE NUMBER: ESCRIBA EL NÚMERO DE CASO |
|--|---|

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*):

Marque esta casilla y complete esta sección si desea especificar qué padre **recogerá y dejará** a los niños, y en qué dirección específica.

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**

Lea atentamente del 6 al 10. Marque las casillas de cualquier orden adicional que desee pedir.

Si tiene la intención de completar o ya ha completado un formulario adjunto, marque la casilla correspondiente y adjunte ese documento adicional detrás de esta página.

[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: Escriba "Self-Represented" | FOR COURT USE ONLY Tenga en cuenta: El nombre del demandante y del demandado siempre se escribe exactamente como se escribió en la petición. (FL-100 o FL-200) |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Escriba "Los Angeles" STREET ADDRESS: ESCRIBA EL DIRECCION DE LA CORTE MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | |
| (This section applies to cases other than probate guardianships.) PETITIONER: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY: CHILD'S NAME (Juvenile cases only): | | |
| (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): | | CASE NUMBER: ESCRIBA SU NUMERO DE CASO |
| DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) | | Minor |

1. I am (check one): a party to this proceeding. authorized representative of the party to determine custody of a child.
2. There are (specify number): _____ minor children who are subject to this proceeding, as follows (list oldest child first):

| | Full Name | Date of birth | Place of birth (city and state) |
|----|---|---------------|---------------------------------|
| a. | Escriba el nombre completo, la fecha de nacimiento y el lugar de nacimiento (ciudad y estado) de su(s) hijo(s) menor(es) con la otra parte en los espacios provistos. | | |
| b. | | | |
| c. | | | |
| d. | Marque esta casilla si necesita mas espacio y complete el formulario MC-020. | | |

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, 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 the child has lived with you for the past five years. 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 esta seccion y proporcione informacion sobre donde han vivido los ninos durante los ultimos 5 anos y con quien vivieron en el momento en los espacios provistos. Necesitara periodos de tiempo, ciudad y estado y con quien vivo el nino en ese momento.

Marque esta casilla si esta completando el formulario MC-020 para agregar mas domicilios para los ninos.

- 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.)

Marque esta casilla y complete el formulario FL-105(a) si los hijos enumerados en 2 no han vivido juntos durante los ultimos 5 anos.

CASE NAME: Escriba el apellido del demandante vs. Escriba el apellido del demandado

CASE NUMBER: ESCRIBA SU NUMERO DE CASO

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):

Table with columns: Proceeding, Case number, Court (name, state or tribe, location), Child or grandchild's name, Date of birth, Sex, Race, Ethnicity, and Marital status. Rows include Family, Probate Guardianship, Other, Juvenile, and Adoption.

Marque Si o No, si hay otro caso de custodia, visitacion or manutencion relacionado con cualquier nino(s) en este caso.

Si hay un caso relacionado, esta seccion debe completarse con toda la informacion que pueda facilitar sobre el caso relacionado.

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):

Table with columns: Court, County, Orders expire (date). Rows include Criminal, Family, Juvenile, and Other.

Marque esta casilla si hay una orden de restriccion relacionada con este caso.

Si hay una orden de restriccion relacionada, esta seccion debe llenarse con toda la informacion que pueda facilitar sobre la orden de restriccion.

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):

Form with columns for Name and address of person (a, b, c) and checkboxes for Has physical custody, Claims custody rights, Claims visitation rights. Includes a section for Name of each child.

Conteste Si o No, si alguien mas afirma tener la custodia fisica y/o legal del cualquier nino(s) en esta accion. Si su respuesta es Si, complete el resto de la informacion en esta seccion.

7. Number of pages attached.

Marque esta casilla y escriba el numero de paginas adjuntas, si las hubiera.

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

Date: ESCRIBA LA FECHA

ESCRIBA SU NOMBRE (NAME OF DECLARANT)

FIRME SU NOMBRE (SIGNATURE OF DECLARANT)

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

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

Escriba su nombre, direccion y numero de telefono.

TELEPHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

ATTORNEY FOR (Name): **Escriba "self-represented"**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles

STREET ADDRESS: _____

MAILING ADDRESS: **Escriba la direccion de la corte**

CITY AND ZIP CODE: _____

BRANCH NAME: _____

PETITIONER: _____

RESPONDENT: **Escriba el nombre del demandante**

OTHER PARENT/PARTY: **Escriba el nombre del demandado**

Marque las casillas apropiadas

DECLARATION OF DISCLOSURE

Petitioner's Preliminary

Respondent's Final

CASE NUMBER: **Escriba el numero de caso**

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).
- In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).
- Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.
- Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by the parties or by court order (see Family Code section 2104(f)).

#1. Marque las casillas apropiadas

Attached are the following:

- A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify): Community and Quasi-Community Property Separate Property.
- A completed Income and Expense Declaration (form FL-150).
- All tax returns filed by the party in the two years before the date that the party served the disclosure documents
- A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form).
- A statement of all material facts and information regarding valuation of all assets that are separate property or in which the separate property has an interest (not a form).
- An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).

Marque la casilla #3, si adjunto copias de sus impuestos. Debe entregar a la otra parte, los últimos 2 años de sus impuestos (si los hizo).

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

Date: **Escriba la fecha**

Escriba su nombre

Su firma

(TYPE OR PRINT NAME)

SIGNATURE

Formularios FL-160- Declaración de Propiedad

En un procedimiento de divorcio, el tribunal determina como dividir cualquier propiedad que usted o su esposo(a) poseen. En California, se distingue entre dos tipos de propiedad: propiedad comunitaria y propiedad separada. Llenará el formulario FL-160, *Declaración de Propiedad* para cada tipo de propiedad.

Propiedad Comunitaria

Con ciertas excepciones listadas abajo, bienes o deudas adquiridas durante el matrimonio (de la fecha de matrimonio a la fecha de separación) se considera propiedad comunitaria. No importa cuyo nombre está en la propiedad, quien lo compro, o quien adquirió la deuda. Si la propiedad fue adquirida antes del matrimonio, pero estuvo haciendo pagos durante el matrimonio, la porción que usted pago durante el matrimonio se considera propiedad comunitaria. En general, la ley de California REQUIERE, que propiedad comunitaria se divida en partes iguales. Sin embargo, usted puede proponer una división distinta si es favorable a la otra parte o si ambos firman un acuerdo para la división desigual.

Excepciones A Propiedad Comunitaria

Regalos, herencias, y prestamos estudiantiles se consideran propiedad separada, aun, si fueron adquiridas durante el matrimonio. Por ejemplo, si usted heredó \$1,000, se considera propiedad separada.

Propiedad Separada

Propiedad separada es cualquier cosa adquirida antes de casarse o después de separarse. Si algo es su propiedad separada, no es necesario compartirlo. Puede dejarse toda su propiedad separada.

Importante: Si no declara toda su propiedad, incluyendo su propiedad separada, puede resultar en la otra parte recibiendo la propiedad que es suya. Si no tiene propiedades, es importante completar los formularios FL-160, *Declaración de Propiedad* y escribir “None” (Ninguno) para todas la categorías en el FL-160.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.:

NAME: **Escriba su nombre**

FIRM NAME:

STREET ADDRESS: **Escriba su direccion y numero de telefono**

CITY: STATE: ZIP CODE:

TELEPHONE NO.: FAX NO.:

E-MAIL ADDRESS:

ATTORNEY FOR (name): **Escriba "Self-Represented"** **Marque las casillas**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles

STREET ADDRESS: **Escriba la direccion de la corte**

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER: **Escriba el nombre del demandante**

RESPONDENT: **Escriba el nombre del demandado**

OTHER PARENT/PARTY

PETITIONER'S RESPONDENT'S

COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION

SEPARATE PROPERTY DECLARATION

CASE NUMBER: **Escriba su numero de caso**

See Instructions on page 4 for (form FL-161).

A. No olvide escribir una descripción breve de la propiedad en la columna A. Si la categoría no aplica a usted, escriba "None" (ninguno).

Property Declaration

| A | B | C | D | E | F | |
|---|---------------|-------------------------|----------------|-----------------------|--|----|
| ITEM NO. | DATE ACQUIRED | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT | |
| 1. REAL ESTATE | | \$ | \$ | \$ | \$ | \$ |
| 2. HOUSEHOLD FURNISHINGS | | | | | | |
| 3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. | | | | | | |
| 4. VEHICLES, BOATS, TRAILERS | | | | | | |
| 5. SAVINGS ACCOUNTS | | | | | | |
| 6. CHECKING ACCOUNTS | | | | | | |

B. En la columna B, aproxime la fecha cuando adquirió los artículos. Si no recuerda la fecha, puede indicar si fue antes del matrimonio, durante del matrimonio, o después del matrimonio.

C. El valor bruto justo de mercado (columna C) es el valor actual del artículo. Si no está seguro del valor, puede visitar las siguientes páginas de la web:
 Carros: www.kellybluebook.com
 Casas: www.zillow.com
 Muebles: www.ebay.com

D. Si usted o su esposo(a) deben en cualquiera de los artículos, escriba el monto en la columna D.

E. El valor neto (columna E) es el valor bruto justo de mercado (columna C) menos la deuda (columna D).

F. En la columna F es donde usted propone como se va a dividir la propiedad comunitaria. Recuerde: California requiere que toda propiedad comunitaria se divida en partes iguales, al menos que ambos decidan a una division distinta. Usted puede dar más a su esposo(a), si lo desea.

| A | | B | C | - | D | = | E | F | |
|----------|--|---------------|-------------------------|---|----------------|---|-----------------------|--|----|
| ITEM NO. | BRIEF DESCRIPTION | DATE ACQUIRED | GROSS FAIR MARKET VALUE | | AMOUNT OF DEBT | | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT | |
| 7. | CREDIT UNION, OTHER DEPOSITORY ACCOUNTS | | | | \$ | | \$ | \$ | \$ |
| 8. | CASH | | | | | | | | |
| 9. | TAX REFUND | | | | | | | | |
| 10. | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE | | | | | | | | |
| 11. | STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS | | | | | | | | |
| 12. | RETIREMENT AND PENSIONS | | | | | | | | |
| 13. | PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES | | | | | | | | |
| 14. | ACCOUNTS RECEIVABLE, UNSECURED NOTES | | | | | | | | |
| 15. | PARTNERSHIP, OTHER BUSINESS INTERESTS | | | | | | | | |
| 16. | OTHER ASSETS | | | | | | | | |
| 17. | ASSETS FROM CONTINUATION SHEET | | | | | | | | |
| 18. | TOTAL ASSETS | | | | | | | | |

Siga las mismas instrucciones de la página anterior.

**Para cuentas de jubilaciones (403(b) y 401(K), indique el valor (si lo hay) y cuando lo adquirió. Indique el valor cuando lo adquirió durante el matrimonio en el formulario FL-160, *Propiedad Comunitaria*.
Nota: Es posible que necesite un abogado para preparar una orden**



Sume los valores y monto de la página anterior y esta página. Escriba los totales en cada una de las columnas del C-F en el #18.



| A | | B | C | D | |
|----------|-------------------------------------|---------------|-------------|-----------------------|------------|
| ITEM NO. | DEBTS - SHOW TO WHOM OWED | DATE INCURRED | TOTAL OWING | PROPOSAL FOR DIVISION | |
| | | | | PETITIONER | RESPONDENT |
| 19. | STUDENT LOANS | | \$ | \$ | \$ |
| 20. | TAXES | | | | |
| 21. | SUPPORT ARREARAGES | | | | |
| 22. | LOANS-UNSECURED | | | | |
| 23. | CREDIT CARDS | | | | |
| 24. | OTHER DEBTS | | | | |
| 25. | OTHER DEBTS FROM CONTINUATION SHEET | | | | |
| 26. | TOTAL DEBTS | | | | |

Describa las deudas que usted y su esposo(a) deben en la columna A.

Escriba la fecha cuando usted y su esposo(a) incurrió la deudas en la columna B.

Escriba el monto actual de la deuda en la columna C.


En la columna D es donde usted propone como se va a dividir la deuda comunitaria. Recuerde: California requiere que toda propiedad y deuda comunitaria se divida en partes iguales, al menos, que ambos decidan a una division distinta.

Sume el monto en la columnas de esta página en el #26.

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

_____  _____
 (TYPE OR PRINT NAME) SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.:

NAME: **Escriba su nombre**

FIRM NAME:

STREET ADDRESS: **Escriba su direccion y numero de telefono**

CITY: STATE: ZIP CODE:

TELEPHONE NO.: FAX NO.:

E-MAIL ADDRESS:

ATTORNEY FOR (name): **Escriba "Self-Represented"** **Marque las casillas**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles

STREET ADDRESS: **Escriba la direccion de la corte**

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER: **Escriba el nombre del demandante**

RESPONDENT: **Escriba el nombre del demandado**

OTHER PARENT/PARTY

PETITIONER'S RESPONDENT'S

COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION

SEPARATE PROPERTY DECLARATION

CASE NUMBER: **Escriba su numero de caso**

See Instructions on page 4 for (form FL-161). **A. No olvide escribir una descripción breve de la propiedad en la columna A. Si la categoría no aplica a usted, escriba "None" (ninguno).** Property Declaration

| A | B | C | D | E | F | |
|---|---------------|-------------------------|----------------|-----------------------|--|----|
| ITEM NO. | DATE ACQUIRED | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT | |
| 1. REAL ESTATE | | \$ | \$ | \$ | \$ | \$ |
| 2. HOUSEHOLD FURNISHINGS | | | | | | |
| 3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. | | | | | | |
| 4. VEHICLES, BOATS, TRAILERS | | | | | | |
| 5. SAVINGS ACCOUNTS | | | | | | |
| 6. CHECKING ACCOUNTS | | | | | | |

B. En la columna B, aproxime la fecha cuando adquirió los artículos. Si no recuerda la fecha, puede indicar si fue antes del matrimonio, durante del matrimonio, o después del matrimonio.

C. El valor bruto justo de mercado (columna C) es el valor actual del artículo. Si no está seguro del valor, puede visitar las siguientes páginas de la web:
 Carros: www.kellybluebook.com
 Casas: www.zillow.com
 Muebles: www.ebay.com

D. Si usted o su esposo(a) deben en cualquiera de los artículos, escriba el monto en la columna D.

E. El valor neto (columna E) es el valor bruto justo de mercado (columna C) menos la deuda (columna D).

F. En la columna F es donde usted propone como se va a dividir la propiedad comunitaria. Recuerde: California requiere que toda propiedad comunitaria se divida en partes iguales, al menos que ambos decidan a una division distinta. Usted puede dar más a su esposo(a), si lo desea.

| A | | B | C | - | D | = | E | F | |
|----------|--|---------------|-------------------------|---|----------------|---|-----------------------|--|----|
| ITEM NO. | BRIEF DESCRIPTION | DATE ACQUIRED | GROSS FAIR MARKET VALUE | | AMOUNT OF DEBT | | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT | |
| 7. | CREDIT UNION, OTHER DEPOSITORY ACCOUNTS | | | | \$ | | \$ | \$ | \$ |
| 8. | CASH | | | | | | | | |
| 9. | TAX REFUND | | | | | | | | |
| 10. | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE | | | | | | | | |
| 11. | STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS | | | | | | | | |
| 12. | RETIREMENT AND PENSIONS | | | | | | | | |
| 13. | PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES | | | | | | | | |
| 14. | ACCOUNTS RECEIVABLE, UNSECURED NOTES | | | | | | | | |
| 15. | PARTNERSHIP, OTHER BUSINESS INTERESTS | | | | | | | | |
| 16. | OTHER ASSETS | | | | | | | | |
| 17. | ASSETS FROM CONTINUATION SHEET | | | | | | | | |
| 18. | TOTAL ASSETS | | | | | | | | |

Siga las mismas instrucciones de la página anterior.

Para cuentas de jubilaciones (403(b) y 401(K), indique el valor (si lo hay) y cuando lo adquirió. Indique el valor cuando lo adquirió durante el matrimonio en el formulario FL-160, *Propiedad Comunitaria*. Nota: Es posible que necesite un abogado para preparar una orden



Sume los valores y monto de la página anterior y esta página. Escriba los totales en cada una de las columnas del C-F en el #18.



| A | B | C | D | |
|----------|-------------------------------------|---------------|-----------------------|------------|
| ITEM NO. | DEBTS - SHOW TO WHOM OWED | DATE INCURRED | PROPOSAL FOR DIVISION | |
| | | | Award or Confirm to: | |
| | | TOTAL OWING | PETITIONER | RESPONDENT |
| 19. | STUDENT LOANS | | \$ | \$ |
| 20. | TAXES | | | |
| 21. | SUPPORT ARREARAGES | | | |
| 22. | LOANS-UNSECURED | | | |
| 23. | CREDIT CARDS | | | |
| 24. | OTHER DEBTS | | | |
| 25. | OTHER DEBTS FROM CONTINUATION SHEET | | | |
| 26. | TOTAL DEBTS | | | |

Describa las deudas que usted y su esposo(a) deben en la columna A.

Escriba la fecha cuando usted y su esposo(a) incurrió la deudas en la columna B.

Escriba el monto actual de la deuda en la columna C.


En la columna D es donde usted propone como se va a dividir la deuda comunitaria. Recuerde: California requiere que toda propiedad y deuda comunitaria se divida en partes iguales, al menos, que ambos decidan a una division distinta.

Sume el monto en la columnas de esta página en el #26.

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

_____  _____
 (TYPE OR PRINT NAME) SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

| | |
|--|---|
| PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Escriba su nombre FIRM NAME: STREET ADDRESS: Escriba su direccion y numero de telefono CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Escriba "Self-Represented" | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: Escriba la direccion de la corte CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY/PARENT/CLAIMANT: | |
| INCOME AND EXPENSE DECLARATION | CASE NUMBER: Escriba el numero de caso |

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. | Escriba su empleo actual. Si no está trabajando, escriba la información de su último empleo. Si usted nunca ha trabajado, escriba "Never worked." |
|--|--|--|

(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 _____ 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: professional/occupational license(s) (specify): _____
 vocational training (specify): _____

Escriba su edad y informacion sobre su educacion

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): _____

Escriba la información sobre el último año que presentó los impuestos. Si nunca los ha presentado, escriba "Never filed."

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: **Escriba la Fecha**

Escriba su nombre

Su Firma

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER:

RESPONDENT:

DEFENDANT:

Escriba el nombre del demandante

Escriba el nombre del demandado

CASE NUMBER:

Escriba numero de caso

¡Importante! Adjunte copias de sus talones de sueldo o prueba de sus ingresos de los últimos 2 meses.

stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

| | 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): | \$ _____ | _____ |

Escriba una cantidad en cada línea. Si no hay o no aplica, escriba 0.

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 two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

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 significantly over the last 12 months because (specify):

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 by my employer (attach explanation labeled "Question 10g") | \$ _____ |

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: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;">Escriba el numero de caso</div> |
|---|--|

12. The following people live with me:

| Name | Age | How the person is related to me (ex: son) | That person's gross monthly income | Pays some of the household expenses? |
|------|---|---|------------------------------------|--|
| a. | Escriba los nombres, edades, relacion a usted y ingreso mensual de todas las personas que viven con usted. Tambien marque si las personas le ayudan con los gastos del hogar. | | | <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 \$ _____
If mortgage: →

Marque si los gastos son: una estimación, reales, o necesidades propuestas.

#13. Escriba los gastos mensuales de su hogar. Si no tiene o no le aplican escriba "0"

- (2) Real property taxes \$ _____
- (3) Homeowner's or renter's insurance (if not included above) \$ _____
- (4) Maintenance and repair \$ _____
- 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 \$ _____
- h. Laundry and cleaning \$ _____
- i. Clothes \$ _____
- j. Entertainment, hobbies, and vacation \$ _____
- k. Automobile and transportation (repairs, bus, etc.) \$ _____
- l. Life insurance (if not included above) \$ _____
- m. Life insurance (if not included above) \$ _____
- n. Savings and investments \$ _____
- o. Charitable contributions \$ _____
- p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____
- q. Other (specify): \$ _____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

| Paid to | For | Amount | Balance | Date of last payment |
|--|-----|----------|----------|----------------------|
| | | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | |
| Escriba otros pagos o deudas que no fueron mencionados en #13. | | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | |

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: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: Escriba el numero de caso |
|---|--|

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 the schedule, you may want to schedule here.)

Complete este formulario si esta solicitando manutencion de hijos. Si no le aplica deje en blanco.

17. Children's health-care expenses

- a. I do I do not pay for the children's health care.
 b. Name of insurance company: _____
 c. Address of insurance company: _____
 d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(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 <i>(specify below)</i> : | \$ _____ |

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

| | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ _____ | _____ |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

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

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

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

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

Escriba su nombre
Escriba su dirección

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

E-MAIL ADDRESS (Optional):

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

¡Importante!
Alguien mayor de 18 años que no es parte del caso y que no sea usted, debe enviar por correo una copia de sus documentos a la otra parte (el demandante).

La persona que envió por correo, debe completar del #2-6 de este formulario.

La persona que hace la entrega, le devuelve este formulario (el original), para que usted haga una copia y entregue el original y una copia al secretario de la corte.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS: **Escriba la dirección de corte**
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER/PLAINTIFF: **Escriba el nombre de la otra parte**

RESPONDENT/DEFENDANT: **Escriba su nombre**

OTHER PARENT/PARTY:

CASE NUMBER: **Escriba el número de caso**
(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:

Dirección de la persona que envió por correo sus documentos a la otra parte

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

FL-120, FL-311, FL-105, FL-140, FL-160 (Community and Separate Property), FL-150

En el #3, asegúrese de listar todos los documentos que se enviaron a la otra parte.

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 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: **Nombre de la otra parte**
 - Address: **Dirección de la otra parte**
 - Date mailed: **Fecha cuando se envió los documentos a la otra parte**
 - Place of mailing (city and state): **Ciudad y estado de donde se envió los documentos a la otra parte**
 - I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

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

Date: **Fecha**
Nombre de la persona que envió los documentos por correo a la otra parte

Firma de la persona que envió los documentos por correo a la otra parte

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)