

Blank forms to serve on the other  
party

Formularios en blanco para entregar  
a la otra parte

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  <hr/> <p style="text-align: center;">TELEPHONE NO.: <span style="margin-left: 150px;">FAX NO. (<i>Optional</i>):</span></p> <p>E-MAIL ADDRESS (<i>Optional</i>):</p> <p>ATTORNEY FOR (<i>Name</i>):</p>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)</b>	CASE NUMBER:

1. The children are (*name each*):
 

	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
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  - a. Child's name
  
- b.  A child who is not yet born
  
2. The petitioner is
  - a.  the mother of the children listed above.
  - b.  the father of the children listed above.
  - c.  not certain whether he or she is the biological parent of the children listed above.
  - d.  the child or child's representative (*specify court and date of appointment*):
  - e.  other (*specify*):
  
3. The respondent
  - a.  lives in the State of California.
  - b.  was in California when the listed children were conceived.
  - c.  neither a nor b
  - d.  other (*specify*):
  
4. The children
  - a.  live or are in this county.
  - b.  are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
  
5. The respondent is
  - a.  the father of the children listed in item 1 above.
  - b.  the mother of the children listed in item 1 above.
  - c.  not certain if he or she is the parent of the children listed in item 1 above.
  - d.  not the parent of the children listed in item 1 above.
  - e.  other (*specify*):
  
6. Additional statements
  - a.  Parentage has been established by a Voluntary Declaration of Paternity (*attach copy*).
  - b.  Parentage has been established in another case  governmental child support  other (*specify*):
  - c.  Public assistance is being provided to the children.

PETITIONER:  RESPONDENT:	CASE NUMBER:
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The respondent requests that the court make the orders listed below.

**7. Parent-child relationship** (check all that apply):

- a.  Respondent  Petitioner  Other (specify): \_\_\_\_\_ is the parent of the children listed in item 1.
- b.  Respondent  Petitioner  Other (specify): \_\_\_\_\_ is not the parent of the children listed in item 1.
- c.  Respondent requests genetic (blood) tests to determine whether the  petitioner  respondent is the parent of the children listed.

**8. Child custody and visitation**

- a. If  Petitioner  Respondent  Other is found to be the parent of the children in listed in item 1:
- |                                                  |                          |                          |                          |                          |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                  | Petitioner               | Respondent               | Joint                    | Other                    |
| b. Legal custody of the children should go to    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical custody of the children should go to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- d. Visitation of the children should be as follows:
    - (1)  None
    - (2)  Reasonable visitation
    - (3)  Petitioner  Respondent should have the right to visit the children as follows (specify): \_\_\_\_\_
    - (4)  Visitation should occur with the following restrictions (specify): \_\_\_\_\_
    - (5)  I request mediation to work out a parenting plan.

**9. Reasonable expenses of pregnancy and birth**

Reasonable expenses of pregnancy and birth should be paid by

Petitioner	Respondent	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Fees and costs of litigation**

	Petitioner	Respondent	Both
a. Attorney fees should 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 should be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Name change.**  The children's names should be changed, according to Family Code section 7638, as follows (specify old and new names): \_\_\_\_\_

**12. Other orders requested** (specify): \_\_\_\_\_

**13. Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

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: \_\_\_\_\_

(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)
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**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.**

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	CASE NUMBER:

1. I am a party to this proceeding to determine custody of a child.
2.  My present address is not disclosed. It is confidential under Family Code section 3429. I have listed the address of the children presently residing with me as confidential.
3. *(Number):* \_\_\_\_\_ minor children are subject to this proceeding as follows:  
***(Insert the information requested below. The residence information must be given for the last FIVE years.)***

a. Child's name		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with <i>(name and present address)</i>		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
to				

b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>				
Period of residence	Address	Person child lived with <i>(name and present address)</i>		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				

C.  Additional children are listed on Attachment 3c. *(Provide all requested information for additional children.)*

SHORT TITLE: _____	CASE NUMBER: _____
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4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?

No  Yes (If yes, provide the following information):

- a. Name of each child: \_\_\_\_\_
- b. I was a:  party  witness  other (specify): \_\_\_\_\_
- c. Court (specify name, state, location): \_\_\_\_\_
- d. Court order or judgment (date): \_\_\_\_\_

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child in this case, other than that stated in item 4?

No  Yes (If yes, provide the following information):

- a. Name of each child: \_\_\_\_\_
- b. Nature of proceeding:  dissolution or divorce  guardianship  adoption  other (specify): \_\_\_\_\_
- c. Court (specify name, state, location): \_\_\_\_\_
- d. Status of proceeding: \_\_\_\_\_

6.  One or more domestic violence restraining /protective orders are now in effect. (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- |                                                                                         |                                                                                         |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| a. <input type="checkbox"/> Criminal: County/state: _____<br>Case No. (if known): _____ | c. <input type="checkbox"/> Juvenile: County/state: _____<br>Case No. (if known): _____ |
| b. <input type="checkbox"/> Family: County/state: _____<br>Case No. (if known): _____   | d. <input type="checkbox"/> Other: County/state: _____<br>Case No. (if known): _____    |

7. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?

No  Yes (If yes, provide the following information):

a. Name and address of person    <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	b. Name and address of person    <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	c. Name and address of person    <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

8.  Number of pages attached after this page: \_\_\_\_\_

**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 ( <i>Name &amp; Address</i> ):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR ( <i>Name</i> ): _____ BAR NO.: _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Lamoreaux - 341 The City Drive, Orange, CA 92868-3205	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>FAMILY LAW NOTICE RE RELATED CASE</b>	CASE NUMBER: _____

This form is required to be filed by the parties in the Superior Court of Orange County when a family law case is filed with the Court when a party discovers that there is a related case. A related case means another case involving either of the parties involved in the present case or involving a child of one of the parties. Examples of a related case are a juvenile case involving a minor child of one of the parties in the present case, a criminal case involving one of the parties in the present case, a domestic violence case involving one of the parties in the present case, another family law case involving one of the parties in the present case or the minor children of one of the parties involved in the present case, or a child support collection matter involving one of the parties in the present case.

Fill in the requested information:

1. I also used the name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. The other party's name is: \_\_\_\_\_;  
 He/She has also used the name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3.  I have been involved in other court cases with the following person: \_\_\_\_\_  
 (If known, please include the case numbers)

	Case Number	Case Name	Court Location/Justice Center
a.			
b.			
c.			
d.			

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF PARTY OR ATTORNEY)

\_\_\_\_\_  
 (SIGNATURE OF PARTY OR ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, state bar number, and address):</i>    TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	<b>FOR COURT USE ONLY</b>            CASE NUMBER: _____
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>PROOF OF SERVICE BY MAIL</b>	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents *(specify)*:

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b.  **placing** the envelope for collection and mailing 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.

4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  - c. Date mailed:
  - d. Place of mailing *(city and state)*:

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

*Complete the top section of the proof of service forms as follows:*

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Write in the date that you put the envelope containing the documents in the mail.
  - d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the Family Law Facilitator in your county.*