

# RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP (UNIFORM PARENTAGE)

FORMS ARE AVAILABLE ON THE INTERNET AT [WWW.SUTTERCOURTS.COM](http://WWW.SUTTERCOURTS.COM) OR  
[WWW.COURTS.CA.GOV](http://WWW.COURTS.CA.GOV)

## GENERAL INFORMATION

The purpose of a *Response to Petition to Determine Parental Relationship* (FL-220) is to provide you an opportunity to respond to a paternity action. A *Response* allows an individual to address paternity and object to anything else stated in the Petition.

You have thirty (30) days from the DATE YOU WERE SERVED to respond to the Petition. If you DO NOT RESPOND within the thirty (30) days, the other party may request a **Default Judgment** because of your failure to respond and the Court may grant everything requested in the Petition.

You will need the following:

- **FL-220** *Response to Petition to Determine Parental Relationship*
- **FL-311** *Child Custody and Visitation Application Attachment*
- **FL-105** *Declaration Under UCCJEA*
- **FL-335** *Proof of Service by Mail*
- A Waiver of Court Fees FW-001 & FW-003, OR pay the filing fee

## FILING AND SERVING INSTRUCTIONS

There is a filing fee required for filing the Response. You can apply for a waiver of the court fees.

All ORIGINAL completed forms need to be copied TWO TIMES and filed with the Court. ALL THE COPIES will be "Endorsed Filed". One copy of each is for you and the other set of copies is for the other party.

Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18 YEARS OLD** serve the other party with the documents above. Have the server complete *Proof of Service by Mail* (FL-335) form.

**FILE THE PROOF OF SERVICE BY MAIL WITH THE COURT**

REVISED 1/1/2020

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR  
FAMILY LAW INFORMATION CENTER**

CSO  
530-822-3305

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <b>YOUR NAME</b> FIRM NAME: STREET ADDRESS: <b>YOUR STREET ADDRESS</b> CITY: <b>YOUR CITY, STATE, and ZIP CODE</b> TELEPHONE NO.: <b>YOUR TELEPHONE #</b> E-MAIL ADDRESS: ATTORNEY FOR (name):		STATE BAR NUMBER:  STATE:      ZIP CODE:  FAX NO.:	FOR COURT USE ONLY          CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>COUNTY NAME</b> STREET ADDRESS: MAILING ADDRESS: <b>COURT'S ADDRESS</b> CITY AND ZIP CODE: <b>COURT'S CITY, STATE, and ZIP CODE</b> BRANCH NAME:			
PETITIONER: RESPONDENT: <b>FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH</b>			
<b>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>			

1. The petitioner
  - a.  is a parent of the children in item 2. CHECK WHICH ONE APPLIES TO YOUR CASE
  - b.  is not a parent of the children in item 2.
  - c.  is the child or the child's personal representative (*specify court and date of appointment*):
  - d.  Other (*specify*):
  
2. The children are
 

CHILD'S FULL NAME (OLDEST CHILD FIRST)	<u>Birthdate</u>	<u>Age</u>
	CHILD'S DATE OF BIRTH MONTH / DAY / YEAR	CHILD'S AGE

  
 b.  a child who is not yet born.
  
3. The respondent
  - a.  lives in the state of California. CHECK WHICH ONE APPLIES TO YOUR CASE
  - b.  was in California when the children listed in item 2 were conceived.
  - c.  does not live in the state of California.
  - d.  was not in California when the children listed in item 2 were conceived.
  - e.  Other (*specify*):
  
4. The children
  - a.  live or are found in this county. CHECK WHICH ONE APPLIES TO YOUR CASE
  - 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 parent of the children listed in item 2 above. CHECK WHICH ONE APPLIES TO YOUR CASE
  - b.  not certain if the respondent is the parent of the children listed in item 2 above.
  - c.  not the parent of the children listed in item 2 above.
  - d.  Other (*specify*):
  
6. Additional statements
  - a.  Parentage has been determined by a voluntary declaration of parentage or paternity. (*Attach a copy if available.*)
  - b.  Parentage has been established in another case     governmental child support     Other (*specify*):
  - c.  Public assistance is being provided to the children.CHECK ALL THAT APPLY TO YOUR CASE
  
7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

PETITIONER: RESPONDENT:	CASE NUMBER: COURT CASE NUMBER
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The respondent asks that the court make the determinations listed below.

8. PARENT-CHILD RELATIONSHIP (check all that apply):

- a.  Respondent  Petitioner is the parent of the children listed in item 2.
- b.  Respondent  Petitioner is not the parent of the children listed in item 2.
- c.  Respondent requests genetic testing to determine whether the  Petitioner  Respondent is the parent of the children listed in item 2.

CHECK THE APPROPRIATE BOX

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- |  | 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"/> |

CHECK THE BOXES TO TELL THE COURT WHO YOU WANT TO HAVE LEGAL CUSTODY, AND PHYSICAL CUSTODY OF THE CHILD(REN) AS WELL AS VISITATION.

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

d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):

Contained in the attached declaration.

USE THE MC-025 ATTACHMENT TO BRIEFLY EXPLAIN WHY YOUR REQUESTED CUSTODY AND VISITATION ORDERS ARE IN THE CHILD(REN)'S BEST INTEREST.

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth to be paid by as follows:	Petitioner <input type="checkbox"/>	Respondent <input type="checkbox"/>	Joint <input type="checkbox"/>
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CHECK APPROPRIATE BOXES IF REQUESTING ORDERS IN #10 AND/OR #11.

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 be changed, according to Family Code section 7638, as follows (specify old and new names):

CHECK THIS BOX IF YOU WOULD LIKE TO CHANGE THE CHILD'S NAME AND WRITE THE COMPLETE OLD AND NEW NAME

13. OTHER ORDERS REQUESTED (specify):

14. 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 (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)

**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: RESPONDENT: PLAINTIFF/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px;">COURT CASE NUMBER</div>
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CHECK A BOX TO SHOW WHAT THIS FORM IS BEING ATTACHED TO

**CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT**

—This is not a court order—

TO  Petition  Response  Request for Order  Responsive Declaration to Request for Order  
 Other (specify):

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

Child's Name	Date of Birth	Legal Custody to (person who decides about health, education, etc.)	Physical Custody to (person with whom the child lives)
CHILD'S FULL NAME (OLDEST CHILD FIRST)	CHILD'S DATE OF BIRTH MONTH / DAY / YEAR	WRITE IN THE NAME(S) OF WHO YOU WANT TO HAVE LEGAL CUSTODY	WRITE IN THE NAME(S) OF WHO YOU WANT TO HAVE PHYSICAL CUSTODY

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

**Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.**

- a.  Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b.  See the attached \_\_\_\_\_-page document dated (specify date):
- c.  The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d.  No visitation (parenting time).
- 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 weekend of the month is the first weekend with a Saturday.)

1st  2nd  3rd  4th  5th weekend of the month  
 from \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school  
 to \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

- (a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  other parent/party having the initial fifth weekend, which starts (date):
- (b)  The  petitioner  respondent  other parent/party will have the fifth weekend in  odd  even numbered months.

(2)  **Alternate weekends starting (date):**

from \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school  
 to \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

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

from \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school  
 to \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

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

CHECK ALL THE BOXES THAT APPLY. DESCRIBE THE PARENTING PLAN THAT YOU WANT THE COURT TO ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT <u>EXACTLY</u> AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; text-align: center;">                     COURT CASE NUMBER                 </div>
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3.  **Supervised visitation (parenting time).**
- a. **If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.**
- b.  The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
- c. I request that (name): \_\_\_\_\_ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
- d. I request that the visitation (parenting time) be supervised by (name): \_\_\_\_\_ who is a  professional  nonprofessional supervisor. The supervisor's phone number is (specify): \_\_\_\_\_
- e. I request that any costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent; other parent/party: \_\_\_\_\_ percent.

SECTION 3 IS FOR REQUESTING SUPERVISED VISITATION. FILL IN THE INFORMATION REQUESTED.

4.  **Transportation for visitation (parenting time) and place of exchange.**
- a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- b.  Transportation **to** begin the visits will be provided by (name): \_\_\_\_\_
- c.  Transportation **from** the visits will be provided by (name): \_\_\_\_\_
- d.  The exchange point at the beginning of the visit will be (address): \_\_\_\_\_
- e.  The exchange point at the end of the visit will be (address): \_\_\_\_\_
- f.  During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
- g.  Other (specify): \_\_\_\_\_

SECTION 4 IS FOR REQUESTING SPECIFIC TRANSPORTATION ORDERS.

5.  **Travel with children.** The  petitioner  respondent  other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a.  the state of California.
- b.  the following counties (specify): \_\_\_\_\_
- c.  other places (specify): \_\_\_\_\_

SECTION 5 IS FOR REQUESTING THE COURT TO RESTRICT TRAVELING WITH THE CHILDREN.

6.  **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.
7.  **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached  form FL-341(C)  Other (specify): \_\_\_\_\_
8.  **Additional custody provisions.** I request the additional orders regarding custody set out on the attached  form FL-341(D)  Other (specify): \_\_\_\_\_
9.  **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached  form FL-341(E)  Other (specify): \_\_\_\_\_
10.  **Other.** I request the following additional orders (specify): \_\_\_\_\_

SECTIONS 6-9 ARE FOR THE OPTIONAL CHILD CUSTODY/VISITATION ATTACHMENTS. CHECK ALL BOXES THAT APPLY FOR THE FORMS YOU USE.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">                     YOUR NAME                      YOUR STREET ADDRESS                      YOUR CITY, STATE, and ZIP CODE                 </div> TELEPHONE NO.: TELEPHONE #      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY  <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: 80%;">                     THIS FORM IS TO TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST FIVE YEARS.                 </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span>  STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> MAILING ADDRESS: CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, and ZIP CODE</span> BRANCH NAME:	
PETITIONER: <i>(This section applies only to family law cases.)</i> RESPONDENT: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span> OTHER PARTY:	
GUARDIANSHIP OF (Name): <i>(This section applies only to guardianship cases.)</i> Minor	CASE NUMBER:  <div style="border: 1px solid red; padding: 2px; text-align: center;">                     COURT CASE NUMBER                 </div>
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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

a. Child's name <span style="border: 1px solid red; padding: 2px;">OLDEST CHILD'S NAME</span>	Place of birth <span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid red; padding: 2px;">MM / DD / YYYY</span>	Sex <span style="border: 1px solid red; padding: 2px;">M or F</span>
Period of residence to present <input type="checkbox"/> Confidential	Address <span style="border: 1px solid red; padding: 2px;">CURRENT ADDRESS FOR THE CHILD</span> <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <span style="border: 1px solid red; padding: 2px;">NAME OF PERSON THE CHILD LIVES WITH AT THAT ADDRESS</span>	Relationship <span style="border: 1px solid red; padding: 2px;">RELATIONSHIP OF PERSON TO CHILD</span>
to	Child's residence (City, State) <span style="border: 1px solid red; padding: 2px;">PREVIOUS ADDRESSES FOR THE CHILD FOR FIVE YEARS GO IN THESE BOXES.</span>	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name <span style="border: 1px solid red; padding: 2px;">NEXT OLDEST CHILD'S NAME</span>	Place of birth <span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid red; padding: 2px;">MM / DD / YYYY</span>	Sex <span style="border: 1px solid red; padding: 2px;">M or F</span>
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>			
Period of residence to present <input type="checkbox"/> Confidential	Address <span style="border: 1px solid red; padding: 2px;">CONFIDENTIAL</span> <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
<input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</span>			
<input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">IF THE CHILDREN HAVE NOT BEEN LIVING AT THE SAME ADDRESSES, THEN TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS.</span>			
<input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK BOX C AND CREATE AN ATTACHMENT TITLED "ATTACHMENT 3C" AND LIST THE ADDITIONAL ADDRESSES.</span>			
<input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THIS CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A).</span>			
c. <input type="checkbox"/> Additional residence information for a child listed in item a or b is continued on attachment 3c.			
d. <input type="checkbox"/> Additional children are listed on form FL-105(A)/GC-120(A). <i>(Provide all requested information for additional children.)</i>			



SHORT TITLE: <span style="border: 1px solid red; padding: 2px;">LAST NAME VS. LAST NAME</span>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF YES, COMPLETE THE INFORMATION IN THIS SECTION.

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

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

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

CHECK THIS BOX IF THERE ARE ANY DOMESTIC VIOLENCE RESTRAINING ORDERS NOW IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION.

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

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

TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.

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

Date: DATE

PRINT YOUR NAME

SIGN YOUR NAME

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7.  Number of pages attached: \_\_\_\_\_

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;">YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <span style="border: 1px solid red; padding: 2px 10px;">COUNTY NAME</span> STREET ADDRESS: _____ MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px 10px;">COURT'S PHYSICAL ADDRESS</span> CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px 10px;">COURT'S CITY, STATE, ZIP CODE</span> BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: <span style="border: 1px solid red; padding: 2px 10px;">CASE NUMBER</span>  <i>(if applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
<b>PROOF OF SERVICE BY MAIL</b>	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

SERVER'S STREET ADDRESS  
SERVER'S CITY, STATE, ZIP

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

WRITE IN THE NAME AND FORM NUMBER OF THE DOCUMENT YOU ARE HAVING SERVED.

by enclosing them in an envelope AND

CHECK THE APPROPRIATE BOX

- 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: OTHER PARTY'S NAME
- b. Address: ADDRESS WHERE THE DOCUMENTS WERE MAILED
- c. Date mailed: DATE MAILED
- d. Place of mailing (city and state): CITY AND STATE WHERE MAILED

5.  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.)

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

Date: DATE

PRINT SERVER'S NAME



SIGNATURE OF SERVER

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)