

# PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

Forms are available online at: [www.courts.ca.gov](http://www.courts.ca.gov)

## GENERAL INFORMATION

A **Petition for Custody and Support of Minor Children (FL-260)** is used for individuals who have children and are married but living apart; or not married to the other parent of their child and parentage was established by one of the following: a Voluntary Declaration of Paternity or Parentage that has not been rescinded; a Department of Child Support Service case; or a 300 Dependency CPS case. The Petition will allow you to obtain orders about child custody, visitation, and/or child support.

There are jurisdictional requirements that must be met before the court can make child custody orders. These requirements include residency in this state for six months before filing the petition, and that there is no other state that has jurisdiction to make orders about the custody of this child.

**The following forms are used when filing a Petition for Custody & Support of Minor Children:**

- **FL-260** *Petition for Custody and Support of Minor Children*
- **FL-311** *Child Custody and Visitation Application Attachment:* This attachment is used to tell the Court what child custody and/or parenting plan you would like the Court to order.
- **FL-105** *Declaration Under UCCJEA:* This form tells the Court where the child has been living for the past five years in addition to giving the Court information on any other cases that may exist.
- **FL-210** *Summons:* This notifies the other party that he/she is being sued and also contains some standard restraining orders that apply TO BOTH OF YOU.
- **FL-115** *Proof of Service of Summons:* This form is very important because it determines the date by which the Court has jurisdiction over the other party.

**You will also need these BLANK forms to serve on the Other Party:**

- **FL-270** *BLANK Response:* (Do not fill this out. It is for the Other Party)
- **FL-105** *BLANK Declaration Under UCCJEA:* (Do not fill this out. It is for the Other Party)

**The following are optional forms that are available online or at the Self-Help Center:**

- **FL-341(C)** *Children's Holiday Schedule Attachment* (Optional Attachment)
- **FL-341(D)** *Additional Provisions-Physical Custody Attachment* (Optional Attachment)
- **FL-341(E)** *Joint Legal Custody Attachment* (Optional Attachment)

REVISED 01/01/2026

## SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER

FAMILY LAW FACILITATOR  
FAMILY LAW INFORMATION CENTER

530-822-3305

## **LEGAL TERMS OF CUSTODY DEFINED**

**Physical Custody:** Who the child primarily lives with

**Sole Physical Custody:** The child resides with one parent, subject to the power of the court to order visitation with the other parent

**Joint Physical Custody:** Each parent has periods of physical custody. It does not have to be equal time

**Legal Custody:** Who makes the decisions about the child's health, education, and welfare

**Sole Legal Custody:** One parent shall have the right to make decisions about the child's health, education, and welfare

**Joint Legal Custody:** Both parents share in making the decisions

## **FILING AND SERVING INSTRUCTIONS**

There is a filing fee for a Petition for Custody and Support of Minor Children. You can apply for a waiver of the court fees.

All originals need to be completed, copied 2 times, and filed with the Court. The Court will keep the originals and Endorse File the copies. When you file your documents, the clerk will give you 2 copies of a **Status Conference Minute Order** and a **Referral to Family Court Services**. You will separate all of your Endorsed Filed documents into 2 stacks as follows:

### **Your Stack**

- FL-260 *Petition* (Including attachments)
- FL-105 *Declaration Under UCCJEA*
- FL-210 *Summons*
- Notice of Status Conference
- Referral to Family Court Services

### **Other Party's Stack**

- FL-260 *Petition* (Including attachments)
- FL-105 *Declaration Under UCCJEA*
- FL-210 *Summons*
- Notice of Status Conference
- Referral to Family Court Services
- FL-270 *BLANK Response*
- FL-105 *BLANK Declaration Under UCCJEA*

Have someone **OTHER THAN YOU AND OVER THE AGE OF 18** personally serve the other party with the documents above. Have the server complete the **FL-115 *Proof of Service of Summons*** form. If you are unable to have the documents personally served on the other party, you must meet certain requirements to serve by mailing, publishing in a newspaper, or posting in the courthouse.

## **FILE THE PROOF OF SERVICE**

After the other party has been served and the FL-115 *Proof of Service of Summons* has been completed, make a copy for your records and make sure that the original filed with the Court. **YOUR CASE CANNOT PROCEED UNTIL THIS PROOF OF SERVICE IS FILED WITH THE COURT.**

## **WHAT'S NEXT?**

Filing the Petition is only the first step. 30 days after the Respondent is served, check with the court to see if the other party has filed a response. If a response HAS NOT been filed by the Respondent, you are eligible to attend a Default Parentage Clinic at the Family Law Self-Help Center. You can check the clinic calendar online at [www.sutter.courts.ca.gov](http://www.sutter.courts.ca.gov). or get one from the Self-Help Center. If a response HAS been filed, contact the Self-Help Center for information on how to proceed.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> FIRM NAME: STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">YOUR STREET ADDRESS</span> CITY: <span style="border: 1px solid red; padding: 2px;">YOUR CITY, STATE, and ZIP CODE</span> TELEPHONE NO.: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, and ZIP CODE</span> BRANCH NAME:		
PETITIONER: <span style="border: 1px solid red; padding: 2px;">YOUR LEGAL NAME</span> RESPONDENT: <span style="border: 1px solid red; padding: 2px;">OTHER PARTY'S LEGAL NAME</span>		
<b>PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN</b>		CASE NUMBER:
<b>NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.</b>		

1. I am the petitioner. The respondent and I are the parents of the following minor children:

Child's name

Birthdate

Age

CHILD'S FULL NAME  
(OLDEST CHILD FIRST)

CHILD'S DATE OF BIRTH  
MONTH / DAY / YEAR

CHILD'S  
AGE

☐ continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

CHECK THE BOXES THAT APPLY TO YOUR CASE.

- a. ☐ I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. ☐ Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. ☐ Respondent and I have legally adopted a child together.
- d. ☐ Respondent and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

3. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

4. **Child custody and visitation (parenting time).** I request the following orders:

- |  | 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. Visitation (parenting time) of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. If "Other" is checked above, name of the other person is (specify):

The proposed schedule for visitation (parenting time) is as follows:

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

X See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

PETITIONER:  
RESPONDENT:

YOUR NAME  
OTHER PARTY'S NAME

CASE NUMBER:

CHECK  
THE  
BOXES IF  
YOU USE  
ANY OF  
THESE  
OPTIONAL  
FORMS.

4. e. ☐ I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. ☐ I request that the proposed holiday schedule set out in ☐ form FL-341(C) ☐ other be approved.
- g. ☐ I request that additional orders regarding child custody set out in ☐ form FL-341(D) ☐ other be approved.
- h. ☐ I request that joint legal custody orders set out in ☐ form FL-341(E) ☐ other be approved.
- i. ☐ I request that visitation (parenting time) be supervised for the following persons, with the following restrictions:

IF YOU ARE REQUESTING THAT THE  
RESPONDENT'S VISITATION BE SUPERVISED,  
CHECK THE BOX AND WRITE: "SEE FL-311."

☐ Continued on Attachment 4i.

j. ☐ Other (specify):

#### 5. Fees and cost of litigation

- a. Attorney's fees will be paid by ☐ petitioner ☐ respondent.
- b. ☐ Each party will pay their own attorney's fees.

IF YOU ARE REQUESTING AN  
ORDER FOR ATTORNEY FEES,  
CHECK THE APPROPRIATE BOX.

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

7. Other (specify):

8. I have read the restraining order on the back of the *Summons* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.

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

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF PETITIONER)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with a copy of this Petition.

**NOTICE:** If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on 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:  
PARENT/PARTY:

**FILL THIS OUT EXACTLY AS THE INFORMATION  
APPEARS ON YOUR OTHER DOCUMENTS**

CASE NUMBER:

**COURT CASE NUMBER**

**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):

*This section is for information only and is not a part of your request for orders:*

### California's public policies and law on child custody and visitation include that:

- In general, children should have frequent and continuing contact with their parents, and parents should be encouraged to share the responsibility of raising their children, except when domestic abuse has happened or contact with a parent is not in the best interests of the children.
- When making any orders about physical and legal custody and visitation (parenting time), the court must consider the best interests of the child, which primarily include the health, safety, and welfare of the child.
- If a parent has been abusive, judges use laws to help protect children when deciding to make orders about child custody and visitation (parenting time). A judge may deny an abusive parent custody or unsupervised visitation with a child.
- Children have the right to be safe and free from abuse.
- A child's exposure to domestic violence and domestic violence committed where a child lives are detrimental to the health, safety, and welfare of the child.
- For more information, read [selfhelp.courts.ca.gov/child-custody#best-interest](https://selfhelp.courts.ca.gov/child-custody#best-interest) and [selfhelp.courts.ca.gov/domestic-violence-child-custody](https://selfhelp.courts.ca.gov/domestic-violence-child-custody)

*Complete items 1 through 13 that apply to your request for orders.*

### 1. Minor Children

Child's name

**CHILD'S FULL NAME  
(OLDEST CHILD FIRST)**

Birthdate

**CHILD'S DATE OF BIRTH  
MONTH / DAY / YEAR**

Age

**CHILD'S AGE**

[Attachment 1.](#)

### 2. ☒ Custody of the minor children is requested as follows:

- |   | Petitioner               | Respondent               | Joint                    | Other Parent/Party       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Physical custody of children to <input checked="" type="checkbox"/> <b>CHECK APPROPRIATE BOX</b><br>(The person with whom the child will regularly live)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Legal custody of children to ..... <input checked="" type="checkbox"/> <b>CHECK APPROPRIATE BOX</b><br>(The person who decides about the child's health, education, and welfare) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: To ask the court for joint legal custody orders that specify when the parents must agree before making decisions (for example, before choosing or changing the children's school, doctor, or religious or school activities), use *Joint Legal Custody Attachment* (form [FL-341\(E\)](#)) or a document that includes the same content as form FL-341(E).

To learn about physical and legal custody, go to [selfhelp.courts.ca.gov/child-custody](https://selfhelp.courts.ca.gov/child-custody).

- c. ☒ There are allegations of a history of abuse or substance abuse in this case. (You must complete item 5.)
- d. ☐ Other (specify): **IF THERE ARE ALLEGATIONS OF A HISTORY OF ABUSE OR SUBSTANCE ABUSE, CHECK c AND COMPLETE # 5.**

### 3. ☒ Visitation (Parenting Time) I request that the court order (check one):

- a. ☐ Reasonable right of visitation (parenting time) to the party in item 2a without physical custody, including but not limited to, virtual visitation. **(Not appropriate in cases involving domestic violence and substance abuse).**
- b. ☐ Visitation (parenting time) as described in the attached \_\_\_\_\_-page document dated (specify date):
- c. ☐ The visitation schedule in item 4 that includes in-person, virtual, other visitation.
- d. ☐ Supervised visitation. (You must complete item 6.)
- e. ☐ No visitation (parenting time) to the person without physical custody for the reasons described in item 13.

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

**CHECK ALL  
BOXES THAT  
APPLY &  
COMPLETE  
THE  
APPROPRIATE  
ITEMS.**



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> <b>COURT CASE NUMBER</b> </div>
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**IF YOU WANT A SCHEDULE, CHECK WHICH PARTY'S PARENTING TIME YOU ARE DESCRIBING**

4. ☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** visitation (parenting time) will be (check all that apply):

a. ☐ **In person**, as follows (Specify start and ending date and time. If applicable, check "start of" OR "after school"):

IF YOU WANT THE VISITS TO BE IN PERSON, CHECK a AND FILL IN THE DAYS AND TIMES YOU ARE REQUESTING IN #1, #2, #3 AND/OR #4

(1) ☐ **Weekends starting** (date):

(Note: The first weekend of the month is the first weekend with a Saturday.)

Weekend	Day(s)	Times	Start of (or After) School (if applicable)
<input type="checkbox"/> 1st	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 2nd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 3rd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 4th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 5th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after

(a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, starting (date):

(b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

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

(Specify day(s) from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ start of ☐ after  
and times): to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ start of ☐ after

(3) ☐ **Weekdays starting** (date):

(Specify day(s) from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ start of ☐ after  
and times): to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. ☐ start of ☐ after

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

b. ☐ **Virtual visitation**

I ask that the court order virtual visitation as described ☐ [in Attachment 4b.](#) ☐ below:

IF YOU WANT THE VISITS TO BE VIRTUAL, CHECK b AND DESCRIBE WHAT YOU WANT.

*Virtual visitation means using audiovisual electronic technology (like a smartphone, tablet, smart watch, or computer) for a parent and a child to see and hear each other. Learn more about how to have safe virtual visits at [selfhelp.courts.ca.gov/child-custody/virtual-visitation](http://selfhelp.courts.ca.gov/child-custody/virtual-visitation).*

c. ☐ **Other ways that visitation (parenting time) can happen** that are in the best interests of the child (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:  <b>COURT CASE NUMBER</b>
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5. ☐ **Child custody and visitation when there are allegations of a history of abuse or substance abuse**

a. **Allegations**

**IF THERE ARE  
ALLEGATIONS OF  
A HISTORY OF  
ABUSE OR  
SUBSTANCE  
ABUSE, CHECK #5  
AND COMPLETE a.**

- (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 or are dating or engaged to.
- (2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

b. **Child custody**

- (1) ☐ I ask that the court NOT order sole or joint custody of the minor child to the party or parties in 5a.
- (2) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 4.

**COMPLETE b.  
IF YOU ARE  
REQUESTING JOINT  
CUSTODY OR SOLE  
CUSTODY TO THE  
ALLEGED ABUSER,  
EXPLAIN WHY**

*(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted child custody, even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)*

☐ Below: ☐ [Attachment 5b\(2\)](#) ☐ Other (specify):

c. **Visitation (Parenting Time)**

**CHECK #1 IF YOU ARE ASKING FOR A PARENT'S VISITATION  
TO BE SUPERVISED THEN COMPLETE #6**

- (1) ☐ I ask that the court order supervised visitation as specified in item 6.
- (2) ☐ I ask that the court order unsupervised visitation to the party or parties as specified in item 4.

**CHECK #2 IF YOU  
ARE REQUESTING  
UNSUPERVISED  
VISITS FOR THE  
ALLEGED ABUSER,  
THEN EXPLAIN WHY.**

- (A) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): ☐ petitioner ☐ respondent ☐ other parent/party.
- (B) The reasons why the court should make the orders are  
*(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)*

☐ Below: ☐ [In Attachment 5c\(2\)\(B\)](#) ☐ Other (specify):

- (3) ☐ Other (specify):





PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> <b>COURT CASE NUMBER</b> </div>
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6. ☐ **Supervised visitation (parenting time)**

(To learn about supervised visitation, go to: [selfhelp.courts.ca.gov/guide-supervised-visitation](https://selfhelp.courts.ca.gov/guide-supervised-visitation).)

a. I ask that ☐ petitioner ☐ respondent ☐ other parent/party have supervised visitation with the minor children.

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

Write the reasons why you think unsupervised visitation (parenting time) would NOT be in the best interest of the child.)

☐ Below ☐ In Attachment 6b ☐ Other (specify):

**CHECK AND  
COMPLETE ALL OF  
#6 IF YOU ARE  
ASKING FOR A  
PARENT TO HAVE  
SUPERVISED VISITS.  
SPECIFY YOUR  
REASONS IN b**

c. I ask that the visitations be monitored by (name, if known):

The provider's phone number is (specify):

**WHO DO YOU WANT TO  
SUPERVISE THE VISITS?**

(1) ☐ The person or agency is a professional provider.

(A) A professional provider must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Professional)* ([form FL-324\(P\)](#)) and sign the declaration.

(B) Professional provider fees to be paid by: petitioner: \_\_\_\_\_ percent. respondent: \_\_\_\_\_ percent.  
other parent/party: \_\_\_\_\_ percent.

(2) ☐ The person is a nonprofessional provider. The person must meet the requirements listed in *Declaration of Supervised Visitation and Exchange Services Provider (Nonprofessional)* ([form FL-324\(NP\)](#)).

d. Location of supervised visitation. I request that supervised visitation be (check one):

- (1) ☐ In person at a safe location.  
 (2) ☐ Virtual visitation (not in person).  
 (3) ☐ Other (describe):

**DO YOU WANT THE SUPERVISED VISITS  
TO BE IN PERSON OR VIRTUAL?**

e. Schedule for supervised visitation (specify):

- (1) ☐ Once a week, for (number of hours for each visit):  
 (2) ☐ Two times each week, for (number of hours for each visit):  
 (3) ☐ As specified in item 4.  
 (4) ☐ Other (describe):

**WHAT SCHEDULE DO YOU WANT FOR THE  
SUPERVISED VISITS?  
YOU MAY WANT TO CHECK WITH THE PERSON  
WHO WILL BE SUPERVISING TO MAKE SURE  
THEY ARE WILLING AND AVAILABLE.**

7. ☐ **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, day, 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. ☐ 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 the home (or exchange location) while the children go between the car and the home (or exchange location).

g. ☐ Other (specify):

**CHECK AND COMPLETE #7 IF YOU  
WANT SPECIFIC ORDERS ABOUT  
TRANSPORTATION AND LOCATION  
FOR EXCHANGES.**





PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION          APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER: <div> <b>COURT CASE NUMBER</b> </div>
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8. ☐ **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

- a. ☐ the state of California.  
 b. ☐ the following counties (*specify*):  
 c. ☐ other places (*specify*):

**CHECK AND COMPLETE #8 IF YOU  
 WANT ORDERS TO RESTRICT  
 TRAVELING WITH THE CHILDREN.**

9. ☐ **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](#).

10. ☐ **Child custody mediation**

I request an order for the parties to go to child custody mediation or child custody recommending counseling (*specify date, time, and location, if applicable*):

**CHECK #10 IF YOU REQUEST TO ATTEND MEDIATION. BE AWARE THAT YOU MAY  
 BE ORDERED TO ATTEND MEDIATION EVEN IF YOU DO NOT REQUEST IT.**

Note: Parents with a family court case who do not agree about child custody or visitation are required to attend mediation to try to develop a parenting plan that is in the best interest of their child. A party who alleges domestic violence in a written declaration under penalty of perjury or who is protected by a protective order may ask the mediator or child custody recommending counselor to meet with the parties separately and at separate times. A court order for separate sessions is not required.

11. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out ☐ below ☐ [on form FL-341\(C\)](#)

**SECTIONS 9, 11 & 12 ARE FOR THE  
 OPTIONAL CHILD CUSTODY/VISITATION  
 ATTACHMENTS. CHECK ALL BOXES THAT  
 APPLY FOR THE FORMS YOU USE.**

12. ☐ **Additional custody provisions.** I request the additional orders for custody set out ☐ below ☐ [on form FL-341\(D\)](#)

13. ☐ **Other (*specify*):**

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> FIRM NAME: <span style="border: 1px solid red; padding: 2px;">YOUR STREET ADDRESS</span> STREET ADDRESS: CITY: <span style="border: 1px solid red; padding: 2px;">YOUR CITY, STATE, and ZIP CODE</span> TELEPHONE NO.: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:      ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <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:		
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: RESPONDENT: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span>  OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):  <div style="text-align: right;">Minor</div>		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 (check one): ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the NUMBER OF CHILDREN IN THIS CASE agency, which is a party to this proceeding 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)
<b>a. OLDEST CHILD'S NAME</b>	<b>CHILD'S BIRTHDATE</b>	<b>CITY AND STATE WHERE CHILD WAS BORN</b>
<b>b. NEXT CHILD (IF MORE THAN ONE)</b>	<b>CHILD'S BIRTHDATE</b>	<b>CITY AND STATE WHERE CHILD WAS BORN</b>
<b>c. NEXT CHILD (IF MORE THAN TWO)</b>	<b>CHILD'S BIRTHDATE</b>	<b>CITY AND STATE WHERE CHILD WAS BORN</b>
<b>d. NEXT CHILD (IF MORE THAN THREE)</b>	<b>CHILD'S BIRTHDATE</b>	<b>CITY AND STATE WHERE CHILD WAS BORN</b>

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 there is only one child or if all of the children listed in item 2 have lived together for the past five years.

(Provide the current address of the child listed in item 2a and their residence history 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	<b>CHILD'S CURRENT ADDRESS</b>	<b>NAME &amp; ADDRESS OF PERSON CHILD LIVES WITH</b>	<b>RELATIONSHIP OF PERSON TO CHILD</b>
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	<b>PREVIOUS ADDRESSES FOR THE CHILD FOR 5 YEARS</b>	<b>NAME &amp; ADDRESS OF PERSON CHILD LIVED WITH FOR PREVIOUS 5 YEARS</b>	<b>RELATIONSHIP OF PERSON TO CHILD</b>
From:	To:			
From:	To:			
From:	To:			

DATES SHOULD BE IN ORDER SO THERE ARE NO GAPS

Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

- 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.)

CASE NAME: <span style="border: 1px solid red; padding: 2px 10px;"><b>LAST NAME VS. LAST NAME</b></span>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px 10px;"><b>COURT CASE NUMBER</b></span>
--	--

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

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

ANSWER QUESTION #4. 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 (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

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

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

TELL THE COURT 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 of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:	b. Name and address of person:	c. Name and address of person:
b. <span style="border: 1px solid red; padding: 5px; color: red; font-weight: bold;">ANSWER QUESTION #6. TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.</span>		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<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:

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

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**

(NAME OF DECLARANT)

**SIGN YOUR NAME**

(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.

# SUMMONS

# CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

OTHER PARTY'S NAME

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

You have been sued. Read the information below and on the next page.  
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:

YOUR NAME

El nombre del demandante:

CASE NUMBER: (Número de caso)

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

Tiene **30 días de calendario** después de haber recibido la entrega legal de esta Citación y Petición para presentar una *Respuesta* (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

If you do not file your *Response* on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

Si no presenta su *Respuesta* a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center ([www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local bar association.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://www.lawhelpca.org)), o poniéndose en contacto con el colegio de abogados de su condado.

**NOTICE:** The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

**AVISO:** La orden de protección que aparecen en la página 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidan la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.

**FEE WAIVER:** If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

**EXENCIÓN DE CUOTAS:** Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]

1. The name and address of the court are: (El nombre y dirección de la corte son:)

COURTS NAME  
COURT'S PHYSICAL ADDRESS  
COURT'S CITY, STATE, and ZIP CODE

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)

YOUR NAME, ADDRESS, AND  
TELEPHONE NUMBER

Date (Fecha): \_\_\_\_\_ Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

**STANDARD RESTRAINING ORDER**  
(Parentage—Custody and Support)

**ORDEN DE RESTRICCIÓN ESTÁNDAR**  
(Paternidad—Custodia y Manutención)

**THIS RESTRAINING ORDER  
APPLIES TO YOU, AS WELL  
AS THE OTHER PARTY**

Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

***En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.***

*Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.*

*Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despidan la petición o la corte dé otras órdenes.*

*Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.*

**NOTICE—ACCESS TO AFFORDABLE HEALTH**

**INSURANCE** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**AVISO—ACCESO A SEGURA DE SALUD MÁS**

**ECONOMICO** Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.



PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: <b>YOUR NAME</b> FIRM NAME: STREET ADDRESS: <b>YOUR STREET ADDRESS</b> CITY: <b>YOUR CITY, STATE, ZIP CODE</b> TELEPHONE NO.: <b>TELEPHONE #</b> E-MAIL ADDRESS: ATTORNEY FOR (name):		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>COUNTY NAME</b> STREET ADDRESS: <b>COURT'S PHYSICAL ADDRESS</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>COURT'S CITY, STATE, and ZIP CODE</b> BRANCH NAME:		
PETITIONER: <b>YOUR NAME FOR PETITIONER</b> RESPONDENT: <b>OTHER PARTY'S NAME FOR RESPONDENT</b>		
<b>PROOF OF SERVICE OF SUMMONS</b>		CASE NUMBER: <b>CASE NUMBER</b>

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a. ☐ Family Law: *Petition—Marriage/Domestic Partnership* (form [FL-100](#)), *Summons* (form [FL-110](#)), and blank *Response—Marriage/Domestic Partnership* (form [FL-120](#))
- or—
- b. ☐ Uniform Parentage: *Petition to Determine Parental Relationship* (form [FL-200](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition to Determine Parental Relationship* (form [FL-220](#))
- or—
- c. ☒ Custody and Support: *Petition for Custody and Support of Minor Children* (form [FL-260](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition for Custody and Support of Minor Children* (form [FL-270](#))
- and
- d. ☒ (1) ☒ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#))
- (2) ☐ Completed and blank *Declaration of Disclosure* (form [FL-140](#))
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form [FL-142](#))
- (4) ☐ Completed and blank *Income and Expense Declaration* (form [FL-150](#))
- (5) ☐ Completed and blank *Financial Statement (Simplified)* (form [FL-155](#))
- (6) ☐ Completed and blank *Property Declaration* (form [FL-160](#))
- (7) ☐ *Request for Order* (form [FL-300](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320](#))
- (8) ☒ Other (specify):

CHECK ANY  
OTHER  
BOX(ES) FOR  
ADDITIONAL  
FORM(S) YOU  
COMPLETE

NOTICE OF STATUS CONFERENCE  
REFERRAL TO FAMILY COURT SERVICES

2. Address where respondent was served: **ADDRESS WHERE THE RESPONDENT WAS SERVED  
THE SERVER FILLS THIS OUT**

3. I served the respondent by the following means (check proper boxes):

- a. ☒ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): **DATE OTHER PARTY WAS SERVED** at (time): **TIME OTHER PARTY WAS SERVED**

- b. ☐ **Substituted service.** I left the copies with or in the presence of (name):

who is (specify title or relationship to respondent):

- (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
- (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.

on (date): at (time):

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date):

A declaration of diligence is attached, stating the actions taken to first attempt personal service.

PETITIONER: RESPONDENT:	YOUR NAME FOR PETITIONER OTHER PARTY'S NAME FOR RESPONDENT	CASE NUMBER:
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3. c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form [FL-117](#)) and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt* (form [FL-117](#)).) (Code Civ. Proc., § 415.30.)
- (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (Attach signed return receipt or other evidence of actual delivery to the respondent.) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. ☐ Other (specify code section): \_\_\_\_\_
- ☐ Continued on [Attachment 3d](#).

#### 4. Person who served papers

Name:

Address:

YOUR SERVER'S NAME  
SERVER'S STREET ADDRESS  
SERVER'S CITY, STATE, ZIP CODE

Telephone number:

SERVER'S TELEPHONE #

This person is

CHECK APPROPRIATE BOX

- a. ☐ exempt from registration under Business and Professions Code section 22350(b).
- b. ☐ not a registered California process server.
- c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_
- (3) The fee for service was (specify): \$ \_\_\_\_\_
5. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or—
6. ☐ I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

IF A SHERIFF SERVES YOUR  
PAPERS, THEY CHECK #6.  
ANYONE ELSE WILL CHECK #5

Date:

DATE

PRINT SERVER'S NAME

(NAME OF PERSON WHO SERVED PAPERS)

SERVER'S SIGNATURE

(SIGNATURE OF PERSON WHO SERVED PAPERS)



<p><b>PARTY WITHOUT ATTORNEY OR ATTORNEY</b></p> <p>NAME: _____</p> <p>FIRM NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>TELEPHONE NO.: _____ FAX NO.: _____</p> <p>E-MAIL ADDRESS: _____</p> <p>ATTORNEY FOR (name): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b></p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	<div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold; font-size: 1.2em;">             BOTH PAGES OF THIS FORM ARE LEFT BLANK AND SERVED ON THE OTHER PARTY           </div>
<p>PETITIONER: _____</p> <p>RESPONDENT: _____</p>	
<p><b>RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN</b></p>	<p>CASE NUMBER: _____</p>
<p><b>NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.</b></p>	

1. I am the respondent. The petitioner and I are the parents of the following minor children:

Child's name

Birthdate

Age

☐ continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

- a. ☐ I am married to the petitioner, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. ☐ Petitioner and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. ☐ Petitioner and I have legally adopted a child together.
- d. ☐ Petitioner and I have been determined to be the parents in juvenile court or governmental child support.

Case number: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Country (if not the United States): \_\_\_\_\_

3. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

4. Child custody and visitation (parenting time). I request the following orders:

- |  | 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. Visitation (parenting time) of children with:                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If "Other" is checked above, name of the other person is (specify): _____ |                          |                          |                          |                          |

The proposed schedule for visitation (parenting time) is as follows:

☐ See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold; font-size: 1.2em;">         BOTH PAGES OF THIS          FORM ARE LEFT          BLANK AND SERVED          ON THE OTHER PARTY       </div>
<i>(This section applies to cases of)</i> PETITIONER: RESPONDENT:  OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	
Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY          JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one): ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding 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.		
b.		
c.		
d.		

☐ 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 there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history 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	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

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.)