

RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP (UNIFORM PARENTAGE)

FORMS ARE AVAILABLE ON THE INTERNET AT WWW.SUTTERCOURTS.COM OR
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. They can be mailed to the Petitioner's address on file with the court. Have the server complete *Proof of Service by Mail* (FL-335) form.

FILE THE PROOF OF SERVICE BY MAIL WITH THE COURT

REVISED 1/1/2023

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**

530-822-3305

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):		STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		COUNTY NAME	
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		COURT'S ADDRESS COURT'S CITY, STATE, and ZIP CODE	
PETITIONER: RESPONDENT:		FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH	
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP			CASE NUMBER: COURT CASE NUMBER

- The petitioner
 - is a parent of the children in item 2. CHECK WHICH ONE APPLIES TO YOUR CASE
 - is not a parent of the children in item 2.
 - is the child or the child's personal representative (specify court and date of appointment):
 - Other (specify):
- The children are
 - | | | |
|--|--|-------------|
| <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
| CHILD'S FULL NAME (OLDEST CHILD FIRST) | CHILD'S DATE OF BIRTH MONTH / DAY / YEAR | CHILD'S AGE |
 - a child who is not yet born.
- The respondent
 - lives in the state of California. CHECK WHICH ONE APPLIES TO YOUR CASE
 - was in California when the children listed in item 2 were conceived.
 - does not live in the state of California.
 - was not in California when the children listed in item 2 were conceived.
 - Other (specify):
- The children
 - live or are found in this county. CHECK WHICH ONE APPLIES TO YOUR CASE
 - are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
- The respondent is
 - the parent of the children listed in item 2 above. CHECK WHICH ONE APPLIES TO YOUR CASE
 - not certain if the respondent is the parent of the children listed in item 2 above.
 - not the parent of the children listed in item 2 above.
 - Other (specify):
- Additional statements
 - Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
 - Parentage has been established in another case governmental child support Other (specify):
 - Public assistance is being provided to the children.CHECK ALL THAT APPLY TO YOUR CASE
- A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

PETITIONER: RESPONDENT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	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 9c

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	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK APPROPRIATE BOXES IF RESPONDING TO #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* (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: DATE

PRINT YOUR NAME



SIGN YOUR NAME

(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: PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; color: red; text-align: center;">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. a. **Custody.** Custody of the minor children of the parties is requested as follows: [Attachment 1a.](#)

COMPLETE #1 a.
IF THERE ARE ALLEGATIONS OF ABUSE, ALSO COMPLETE #1 b.

Child's Name	Date of Birth	Legal Custody to <i>(person who decides about the child's health, education, and welfare)</i>	Physical Custody to <i>(person the child regularly lives with)</i>
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 MAKE DECISIONS ABOUT THE CHILD	WRITE IN THE NAME(S) OF WHO YOU WANT THE CHILD TO LIVE WITH

b. **Custody with allegations of a history of abuse or substance abuse**

COMPLETE (1) OR (2) FOR ABUSE ALLEGATIONS.

(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.

COMPLETE (3) OR (4) FOR CUSTODY ORDERS REQUESTED.

(3) I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.

(4) Even though there are allegations, I ask that the court make the child custody orders in item 1a. *(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)*

Below: [Attachment 1b.](#) Other (specify):

CHECK ALL BOXES IN #2 THAT APPLY. DESCRIBE THE PARENTING PLAN THAT YOU WANT THE COURT TO ORDER.

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).

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:	COURT CASE NUMBER
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- 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:

IF YOU USE THESE BOXES, CHECK WHICH PARTY'S PARENTING TIME YOU ARE DESCRIBING.

(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:

3. **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. **Supervised visitation (parenting time)**

(1) I ask that petitioner respondent other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

IF YOU ARE ASKING FOR THE OTHER PARENT'S VISITATION TO BE SUPERVISED WHERE THERE ARE ALLEGATIONS OF ABUSE, COMPLETE #3 a.

- (a) Domestic violence, child abuse, or neglect.
 (b) Substance abuse: 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.
 (c) Other parenting concerns (specify below):

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

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below [in Attachment 3a\(2\)](#) Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; display: inline-block; margin-left: 20px;"> COURT CASE NUMBER </div>
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(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

(i) The person or agency is a professional provider. A professional provider must meet the requirements listed in Declaration of Supervised Visitation Provider (Professional) (form FL-324(P)) and sign the declaration.

(ii) The person is a nonprofessional provider. That person must meet the requirements listed in Declaration of Supervised Visitation Provider (Nonprofessional) (form FL-324(NP)) and sign a declaration.

(iii) The provider's phone number is (specify):

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
other parent/party: _____ percent.

b. **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

IF YOU ARE ASKING FOR THE OTHER PARENT'S VISITATION TO BE UNSUPERVISED WHERE THERE ARE ALLEGATIONS OF ABUSE, COMPLETE #3 b.

(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.

(3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): Petitioner Respondent Other parent/party

(4) The reasons why the court should make the orders are (specify):
(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)

Below: [in Attachment 3b.](#) Other (specify):

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.

b. 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):

SECTION 4 IS FOR REQUESTING SPECIFIC TRANSPORTATION ORDERS.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: COURT CASE NUMBER
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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 below [on form FL-341\(C\)](#)

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

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

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out below [on form FL-341\(E\)](#)

10. **Other.** I request the following additional orders (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, 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 COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:	
PETITIONER: <i>(This section applies only to family law cases.)</i> RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS 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>
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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)*: WRITE IN THE NUMBER OF CHILDREN 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 OLDEST CHILD'S NAME	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM / DD / YYYY	Sex M or F
Period of residence to present <input type="checkbox"/> Confidential	Address CURRENT ADDRESS FOR THE CHILD <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME OF PERSON THE CHILD LIVES WITH AT THAT ADDRESS	Relationship RELATIONSHIP OF PERSON TO CHILD
to	Child's residence (City, State) PREVIOUS ADDRESSES FOR THE CHILD FOR FIVE YEARS GO IN THESE BOXES.	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 NEXT OLDEST CHILD'S NAME	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM / DD / YYYY	Sex M or F
<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>	Address <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)	
c. <input checked="" type="checkbox"/> Additional residence information for a child listed in item a or b is continued on attachment 3c.			
d. <input checked="" 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: LAST NAME VS. LAST NAME	CASE NUMBER: COURT CASE NUMBER
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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 <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. 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	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
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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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: _____ MAILING ADDRESS: COURT'S PHYSICAL ADDRESS CITY AND ZIP CODE: COURT'S CITY, STATE, ZIP CODE BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: CASE NUMBER <i>(if applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF SERVICE BY MAIL	

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

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)