

RESPONSE TO PETITION FOR CUSTODY AND SUPPORT

FORMS ARE AVAILABLE ON THE INTERNET AT WWW.SUTTERCOURTS.COM OR
WWW.COURTS.CA.GOV

GENERAL INFORMATION

The purpose of a *Response to Petition for Custody and Support of Minor Children (FL-270)* is to provide you an opportunity to respond to a custody and support case. A *Response* allows an individual to address custody and support, and object to anything else stated in the Petition.

Along with the Petition, you will also be served with a Summons as these will apply to you once you have been served. It is important to read the **STANDARD RESTRAINING ORDERS** on the back of the Summons, as these will apply to you once you have been served. Furthermore, you should also be provided with a NOTICE OF STATUS CONFERENCE that provides you with your first Court date and a REFERRAL TO FAMILY COURT SERVICES.

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

You will need the following:

- **FL-270** *Response to Petition for Custody and Support of Minor Children*
- **FL-311** *Custody and Visitation Attachment (Optional 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

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 copy 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 FL-335 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**

530-822-3305

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR STREET ADDRESS CITY: YOUR CITY, STATE, and ZIP CODE TELEPHONE NO.: TELEPHONE # 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: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:			
PETITIONER: RESPONDENT: FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH			
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN		CASE NUMBER: COURT CASE NUMBER	
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.			

1. I am the respondent. The petitioner 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 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:

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

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

PETITIONER: RESPONDENT:	FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH	CASE NUMBER:	COURT CASE NUMBER
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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 with the following persons, with the following restrictions:

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

Continued on [Attachment 4h](#).

j. Other (specify):

5. Fees and cost of litigation

- a. Attorney 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):

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: 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: 1px 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:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to (person who decides about health, education, etc.)</u>	<u>Physical Custody to (person with whom the child lives)</u>
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 EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:	COURT CASE NUMBER
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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 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)*: 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 to to	Child's residence (City, State) Child's residence (City, State) Child's residence (City, State)	Person child lived with (name and complete current address) Person child lived with (name and complete current address) Person child lived with (name and complete current address)	Relationship Relationship Relationship
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>			
Period of residence to present <input type="checkbox"/> Confidential	Address CONFIDENTIAL <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	Relationship
to to to	Child's residence (City, State) Child's residence (City, State) Child's residence (City, State)	Person child lived with (name and complete current address) Person child lived with (name and complete current address) Person child lived with (name and complete current address)	Relationship Relationship Relationship
<input type="checkbox"/> CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THIS CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A).			
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: 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	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
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 (if applicable, provide): HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF SERVICE BY MAIL	

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

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)