

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO. (Optional): FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PETITION TO ESTABLISH PARENTAL RELATIONSHIP</b> <input type="checkbox"/> Child Support <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Other (specify):	CASE NUMBER:

1. Petitioner is
  - a. ☐ the mother.
  - b. ☐ the father.
  - c. ☐ the child or the child's personal representative (specify court and date of appointment):
  - d. ☐ other (specify):
  
2. The children are
 

a. <u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
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 b. ☐ a child who is not yet born.
  
3. The court has jurisdiction over the respondent because the respondent
  - a. ☐ resides in this state.
  - b. ☐ had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
  - c. ☐ other (specify):
  
4. The action is brought in this county because (you must check one or more to file in this county):
  - a. ☐ the child resides or is found in the county.
  - b. ☐ a parent is deceased and proceedings for administration of the estate have been or could be started in this county.
  
5. Petitioner claims (check all that apply):
  - a. ☐ respondent is the child's mother.
  - b. ☐ respondent is the child's father.
  - c. ☐ parentage has been established by Voluntary Declaration of Paternity (attach copy).
  - d. ☐ respondent who is child's parent has failed to support the child.
  - e. ☐ (name): \_\_\_\_\_ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the child is obligated:  

<u>Amount</u>	<u>Payable to</u>	<u>For (specify):</u>
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  - f. ☐ public assistance is being provided to the child.
  - g. ☐ other (specify):
  
6. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached

PETITIONER: _____  RESPONDENT: _____	CASE NUMBER: _____
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Petitioner requests the court to make the determinations indicated below.

**7. PARENT-CHILD RELATIONSHIP**

- a. ☐ Respondent    b. ☐ Petitioner  
 c. ☐ Other (*specify*): \_\_\_\_\_

\_\_\_\_\_ is the parent of the children listed in item 2.

**8. CHILD CUSTODY AND VISITATION**

- |  | 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 of children:   |                          |                          |                          |                          |
| (1) <input type="checkbox"/> None  |                          |                          |                          |                          |
| (2) <input type="checkbox"/> Reasonable visitation.  |                          |                          |                          |                          |
| (3) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent    should have the right to visit the children as follows: |                          |                          |                          |                          |

(4) ☐ Visitation with the following restrictions (*specify*): \_\_\_\_\_

d. ☐ Facts in support of the requested custody and visitation orders are (*specify*): \_\_\_\_\_

☐ Contained in the attached declaration.

e. ☐ I request mediation to work out a parenting plan.

**9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH**

	Petitioner	Respondent	Joint
Reasonable expenses of pregnancy and birth be paid by as follows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. 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"/>

**11. NAME CHANGE**

☐ Children's names be changed, according to Family Code section 7638, as follows (*specify*): \_\_\_\_\_

**12. CHILD SUPPORT**

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

13 I have read the restraining order on the back of the *Summons* (FL-210) and I understand 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: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

A blank *Response to Petition to Establish Parental Relationship* (form FL-220) must be served on the Respondent with this Petition.

**NOTICE:** If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div style="display: flex; justify-content: space-between;"> <div>E-MAIL ADDRESS (Optional):</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ATTORNEY FOR (Name):</div> <div></div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <i>(This section applies only to family law cases.)</i> RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i> GUARDIANSHIP OF (Name): <span style="float: right;">Minor</span>	CASE NUMBER:
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

- 1 I am a party to this proceeding to determine custody of a child
- 2 ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3
- 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	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	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)	

  

b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	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. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A) (Provide all requested information for additional children.)

SHORT TITLE:	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 (name, state, 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"/> Guardianship						
c <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
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 (if known)	Orders expire (date)
a <input type="checkbox"/> Criminal				
b <input type="checkbox"/> Family				
c <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d <input type="checkbox"/> Other				

- 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	<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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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.**



PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- |   | Last month | Average monthly |
|---|------------|-----------------|
| a. Salary or wages (gross, before taxes)  | \$ _____   | _____           |
| b. Overtime (gross, before taxes)   | \$ _____   | _____           |
| c. Commissions or bonuses   | \$ _____   | _____           |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving   | \$ _____   | _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage   | \$ _____   | _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership                   | \$ _____   | _____           |
| g. Pension/retirement fund payments   | \$ _____   | _____           |
| h. Social security retirement (not SSI)   | \$ _____   | _____           |
| i. Disability <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____   | _____           |
| j. Unemployment compensation  | \$ _____   | _____           |
| k. Workers' compensation  | \$ _____   | _____           |
| l. Other (military BAQ, royalty payments, etc.) (specify)   | \$ _____   | _____           |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- |                           |          |       |
|---------------------------|----------|-------|
| a. Dividends/interest     | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income           | \$ _____ | _____ |
| d. Other (specify)        | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses** \$ \_\_\_\_\_
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify)
- Number of years in this business (specify)
- Name of business (specify)
- Type of business (specify)

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount)
9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify)

10. **Deductions**
- |   | Last month |
|---|------------|
| a. Required union dues  | \$ _____   |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA)                                 | \$ _____   |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)                    | \$ _____   |
| d. Child support that I pay for children from other relationships   | \$ _____   |
| e. Spousal support that I pay by court order from a different marriage                                      | \$ _____   |
| f. Partner support that I pay by court order from a different domestic partnership                          | \$ _____   |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____   |

11. **Assets**
- |   | Total    |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts  | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell  | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ |

PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**12 The following people live with me:**

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a				<input type="checkbox"/> Yes <input type="checkbox"/> No
b				<input type="checkbox"/> Yes <input type="checkbox"/> No
c				<input type="checkbox"/> Yes <input type="checkbox"/> No
d				<input type="checkbox"/> Yes <input type="checkbox"/> No
e				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13 Average monthly expenses**
☐ Estimated expenses
 ☐ Actual expenses
 ☐ Proposed needs

<b>a Home:</b> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____ If mortgage: (a) average principal \$ _____ (b) average interest \$ _____ (2) Real property taxes \$ _____ (3) Homeowner's or renter's insurance (if not included above) \$ _____ (4) Maintenance and repair \$ _____ <b>b Health-care costs not paid by insurance</b> \$ _____ <b>c Child care</b> \$ _____ <b>d Groceries and household supplies</b> \$ _____ <b>e Eating out</b> \$ _____ <b>f Utilities (gas, electric, water, trash)</b> \$ _____ <b>g Telephone, cell phone, and e-mail</b> \$ _____	<b>h Laundry and cleaning</b> \$ _____ <b>i Clothes</b> \$ _____ <b>j Education</b> \$ _____ <b>k Entertainment, gifts, and vacation</b> \$ _____ <b>l Auto expenses and transportation (insurance, gas, repairs, bus, etc.)</b> \$ _____ <b>m Insurance (life, accident, etc.; do not include auto, home, or health insurance)</b> \$ _____ <b>n Savings and investments</b> \$ _____ <b>o Charitable contributions</b> \$ _____ <b>p Monthly payments listed in item 14 (itemize below in 14 and insert total here)</b> \$ _____ <b>q Other (specify)</b> \$ _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>r TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ _____         </div> <b>s Amount of expenses paid by others</b> \$ _____
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**14 Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15 Attorney fees (This is required if either party is requesting attorney fees.)**

- a To date, I have paid my attorney this amount for fees and costs (specify) \$ \_\_\_\_\_
- b The source of this money was (specify): \_\_\_\_\_
- c I still owe the following fees and costs to my attorney (specify total owed) \$ \_\_\_\_\_
- d My attorney's hourly rate is (specify) \$ \_\_\_\_\_

I confirm this fee arrangement.

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

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

**CHILD SUPPORT INFORMATION**

(NOTE: Fill out this page only if your case involves child support.)

**16. Number of children**

- a I have (specify number) \_\_\_\_\_ children under the age of 18 with the other parent in this case
- b The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

**17. Children's health-care expenses**

- a ☐ I do ☐ I do not have health insurance available to me for the children through my job
- b Name of insurance company: \_\_\_\_\_
- c Address of insurance company: \_\_\_\_\_
- d The monthly cost for the **children's** health insurance is or would be (specify) \$ \_\_\_\_\_  
(Do not include the amount your employer pays )

**18. Additional expenses for the children in this case**

Amount per month

- a Child care so I can work or get job training \$ \_\_\_\_\_
- b Children's health care not covered by insurance \$ \_\_\_\_\_
- c Travel expenses for visitation \$ \_\_\_\_\_
- d Children's educational or other special needs (specify below) \$ \_\_\_\_\_

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
(attach documentation of any item listed here, including court orders)

Amount per month

For how many months?

- a Extraordinary health expenses not included in 18b \$ \_\_\_\_\_
- b Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ \_\_\_\_\_
- c (1) Expenses for my minor children who are from other relationships and are living with me \$ \_\_\_\_\_
- (2) Names and ages of those children (specify) \_\_\_\_\_

(3) Child support I receive for those children \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because (explain) \_\_\_\_\_

**20. Other information I want the court to know concerning support in my case (specify)**