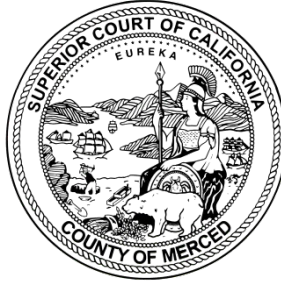


SUPERIOR COURT OF CALIFORNIA

COUNTY OF MERCED



PETITION FOR DISSOLUTION - PART 1

Starting your divorce, legal separation or nullity (with instructions)

FORMS INCLUDED IN THIS PACKET	
Instructions for Starting your Divorce, Legal Separation or Nullity	
Legal Steps for a Divorce or Legal Separation	Judicial Council Form #FL-107-INFO
Request for Interpreter (Civil)	Judicial Council Form #INT-300
FORMS FOR PETITIONER TO FILE TO BEGIN CASE:	
Department of Child Support Services Court Information Sheet	Local Form #MCDSS 123
Petition for Dissolution	Judicial Council Form #FL-100
Child Custody and Visitation (Parenting Time) Application Attachment	Judicial Council Form #FL-311
Summons (with instructions)	Judicial Council Form #FL-110
Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJA)	Judicial Council Form #FL-105/GC-120
Attachment to Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJA)	Judicial Council Form #FL-105(A)
Declaration of Disclosure	Judicial Council Form #FL-140
Schedule of Assets and Debts	Judicial Council Form #FL-142
Income and Expense Declaration	Judicial Council Form #FL-150
Proof of Service of Summons (with instructions)	Judicial Council Form #FL-115
BLANK FORMS TO SERVE RESPONDENT:	
Response to Petition for Dissolution	Judicial Council Form #FL-120
Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJA)	Judicial Council Form #FL-105
Attachment to Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJA)	Judicial Council Form #FL-105(A)
Declaration of Disclosure	Judicial Council Form #FL-140
Schedule of Assets and Debts	Judicial Council Form #FL-142
Income and Expense Declaration	Judicial Council Form #FL-150
Proof of Service by Mail	Judicial Council Form #FL-335

Rev 7/1/2025

PRICE: \$11.00

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INSTRUCTIONS FOR STARTING YOUR DIVORCE, LEGAL SEPARATION OR NULLITY

WHAT IS THE DIFFERENCE BETWEEN DIVORCE, LEGAL SEPARATION AND NULLITY?

- **Divorce:** ends the marriage. The court can divide community property and debts, make custody/visitation/child support/spousal support orders, and restore a party's former name.
- **Legal separation:** the court can make all of the same orders as in divorce, but the parties remain legally married and cannot remarry.
- **Nullity (also known as annulment):** The court finds that the marriage was never valid or invalidates the marriage. It's as if the parties had never been married. The court will only grant a nullity for specific reasons: incest, bigamy, underage without parental or court consent, prior marriage did not end in death as the party thought, unsound mind, fraud (you were tricked into marrying), or physical incapacity.

All three actions require the same forms to start.

WHERE CAN I FILE?

- **Divorce:** You can file in California if you or your spouse have lived here for the past 6 months. You must file in the county where you/your spouse have been a resident for the past 3 months. If you want to file in Merced County but you have not been a resident here for the past 3 months, you can file a Legal Separation and amend the Petition to request a dissolution once you have been in the county for 3 months, before judgment is entered.
- **Legal separation:** You can file in the county where either spouse resides at the time of filing.
- **Nullity:** You can file in the county where either spouse resides at the time of filing.

WHAT FORMS DO I FILE?

To start your case, you will file:

- ☐ **Petition** (FL-100) – You will be the "Petitioner" and the other party will be the "Respondent."
- ☐ **Summons** (FL-110)

In addition, if you have a minor child (under 18) with your spouse, you will file:

- ☐ **Merced County Department of Child Support Services (DCSS) Court Information Sheet**
- ☐ **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act** (FL-105)

Make two copies each of the Petition, Summons, and UCCJEA forms and take them to the Family Law Clerk's Office to file (along with the original DCSS form).

The Family Law **Clerk's Office** is located on the Second Floor of the Courthouse at: **2260 N Street, Merced, CA 95340**. If you are filing in Los Banos, the court is located at **1159 G Street, Los Banos, CA 93635**. There is only one Clerk's Office in Los Banos.

The filing fee for divorce, legal separation or nullity is \$435. The Family Law Clerk will charge you this fee when you file your first papers to start your case. If you cannot afford the fee, you can request a **Fee Waiver** packet (there is no charge for this packet) and file those forms when you file your papers.

HOW WILL I KNOW HOW TO COMPLETE THE FORMS?

There are step-by-step instructions included in this packet showing how to complete all of the forms you will need. If you prefer, you can see the Family Law Facilitator in the Self-Help Office at the court.

WHAT DO I DO NEXT?

After you have filed your first papers to start your court case, the clerk will return two file-stamped copies of the forms to you. You will serve one on your spouse.

You must have the following documents "served on" (hand delivered to) your spouse.

- ☐ **Petition** (FL-100)
- ☐ **Summons** (FL-110)
- ☐ **UCCJEA** (FL-105) - if applicable
- ☐ These blank forms:
 - **Response** (FL-120)
 - **UCCJEA** (FL-105)
 - **Declaration of Disclosure** (FL-140)
 - **Schedule of Assets and Debts** (FL-142)
 - **Income and Expense Declaration** (FL-150)
 - **Proof of Service by Mail** (FL-335)

You may also have your disclosure documents served at the same time. You have until 60 days after you file the Petition to serve these documents.

- ☐ **Declaration of Disclosure** (FL-140)
- ☐ **Schedule of Assets and Debts** (FL-142)
- ☐ **Income and Expense Declaration** (FL-150)
- ☐ past two years' tax returns

Even if you have no property issues in your marital action, you MUST complete and serve all of these forms on your spouse or partner to obtain a Judgment in your case. Your spouse/partner will also have to complete these forms if he/she responds in the case or enters into an agreement with you to finish the case. The forms are exchanged between the spouses/partners to ensure that each party has all the information needed to make informed decisions and to protect against fraud.

HOW DO I SERVE MY SPOUSE?

If your spouse lives in California:

You must have the forms personally delivered to your spouse by a person who is at least 18 years old and not a party to the case. You cannot serve your spouse yourself. To serve personally, you can hire a "process server," pay the Sheriff to serve, or ask a friend or family member over 18 to serve your spouse/partner. After hand-delivering the documents, the server will complete the **Proof of Service of Summons** (FL-115) and return it to you. You will file the completed Proof of Service of Summons in the Clerk's Office where you filed your initial papers.

You can also have someone mail the papers to your spouse with a **“Notice and Acknowledgement of Receipt – Family Law (FL-117).”** Your spouse must sign and return the form acknowledging that s/he received all of the papers that were required to be served.

If your spouse lives outside of California, you can serve by Mail with Notice and Acknowledgment of Receipt – Family Law as follows:

1. Select Any Adult Over the Age of 18 (Sender) to mail the Forms to Your Spouse/partner.
You may not mail the documents in your own case. Instead, select a friend or relative over the age of 18 to mail them for you.
2. Provide the Sender with the Forms
Be sure to include a copy of all the completed forms as well as the required blank forms. You will also need a Notice and Acknowledgment of Receipt – Family Law (FL-117), and a Proof of Service of Summons (FL-115).
3. Preparing the Notice and Acknowledgment of Receipt – Family Law (FL-117).
 - a. Complete the caption (top part of the form) only. Below the caption, print the name of your spouse/partner on the line next to the word “To.”
 - b. Your sender will complete items 2 and 3, then sign next to where he/she printed his/her name.
 - c. In addition, your sender must check the boxes in the ACKNOWLEDGEMENT OF RECEIPT section, which correspond to the title of each document they are going to mail. Item (a) will always be checked. Item (e)(1) must also be checked if you completed and mailed the Declaration under UCCJEA.
 - d. Make a copy of this form.
4. Sender Mails
Your sender may now mail all the forms for you. Your sender will mail the original Notice and Acknowledgment of Receipt – Family Law (FL-117) and copy along with all the forms you are serving on your spouse/partner. Your server must also include a stamped envelope addressed to the server for return of the signed Notice and Acknowledgement of Receipt.
5. Sender Completes the Proof of Service
Once your sender receives the completed and signed (by your spouse/ partner) Notice and Acknowledgment of Receipt – Family Law (FL-117), he/she must complete the Proof of Service of Summons (FL-115) to specify when and where service occurred, how service was accomplished, the name and address of the person who did the service, the date the Proof of Service form was completed and the signature of the server. If your spouse or partner does not sign and return the FL-117, you must have him or her served personally, as described above.
6. Copy the Proof of Service and Notice and Acknowledgement of Receipt – Family Law (FL-117) and file original and copy with the clerk. The filing clerk will keep the original for the court file, and return the file-stamped copy to you. Keep this copy with your other court papers, as you will need to file it with the Clerk’s Office later to finish the case.

What if I Can't Find My Spouse to Have Him/Her Served?

Please consult the Family Law Facilitator to discuss what you should do if you are unable to locate your spouse for service.

SERVING FINANCIAL DISCLOSURES

If you do not have your financial disclosures served with the Petition and Summons (see above), you must do so (either personally or by mail) within 60 days of filing the Petition. You cannot obtain a Judgment until you have served these disclosures and filed a **Declaration of Service of Declaration of Disclosure** (FL-141) form.

FINISHING THE CASE

Your spouse/partner has 30 days from the date of service to respond to your court forms, or longer if you do not return to court promptly to take the next step. On the 31st day after service, if you have not received a Response in the mail and your Declarations of Disclosures are completed and mailed, you may be eligible to take your spouse/partner's default. You may contact the Self Help Center if you are ready to proceed with this next step.

If your spouse/partner chooses to respond, he or she will complete the blank Response (FL-120) and Declaration Under Uniform Child Custody Jurisdiction And Enforcement Act (FL-105) for minor children. These forms are in the group of blank documents served on your spouse or partner. You will know when your spouse or partner responds in the case because you will receive a copy of the Response form. If you receive your spouse or partner's Response, you need not wait 30 days to take the next step.

Regardless of how you finish your case, be aware that your marital action will not be complete until you have a Judgment signed by the Judge.

If you need court ordered support, child custody, visitation or other types of court intervention, you may contact the Self Help Center to learn more about the options available to you.

Nullity: You can speak to the Family Law Facilitator about how to request the court to award you property that you bought with your spouse when you thought you were married.

IF YOU NEED MORE ASSISTANCE

You may see the Family Law Facilitator for assistance with completing the forms in this packet. Please visit <https://www.merced.courts.ca.gov/self-help/self-help-center> for current hours and locations. Computer terminals with internet access are available at the Facilitators' offices in both courts.

You may also go to the following internet site: www.courts.ca.gov/forms

You can also access public computers at the Merced County Law Library, 670 W. 22nd Street, Merced, CA 95340 when it is open, Monday through Friday, 8:00 am - noon and 1:00 pm - 4:00 pm (hours subject to change without notice).

FL-107-INFO Legal Steps for a Divorce or Legal Separation

STEP 1. Start Your Case

- The **petitioner** (the person who files the first divorce or legal separation forms with the court) fills out and files with the court clerk at least a *Petition—Marriage/Domestic Partnership* (form FL-100) and a *Summons* (form FL-110) and, if there are children of the relationship, a *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105).
- The forms needed to start your case and information about filing fees and fee waivers are available at “Filing Your Case,” at courts.ca.gov/filing.
- The court clerk will stamp and return copies of the filed forms to the **petitioner**.



STEP 2. Serve the Forms

- **Someone 18 or older**—not the **petitioner**—serves the spouse or domestic partner (called the **respondent**) with all the forms from Step 1 plus a blank *Response—Marriage/Domestic Partnership* (form FL-120) and files with the court a proof-of-service form, such as *Proof of Service of Summons* (form FL-115), telling when and how the respondent was served. (To *serve* means “to give in the proper legal way.”) For more information, see “Serving Your First Set of Court Forms” at courts.ca.gov/filing.
- The **respondent** has 30 days to file and serve a *Response*. So, the **petitioner** must wait 30 days before starting Step 4.



STEP 3. Disclose Financial Information

- At the same time as Step 1 or within 60 days of filing the *Petition*, the **petitioner** must fill out and have these documents served on the **respondent**: *Declaration of Disclosure* (form FL-140), *Income and Expense Declaration* (form FL-150), *Schedule of Assets and Debts* (form FL-142) or *Property Declaration* (form FL-160), and all tax returns filed by the party in the two years before serving the disclosure documents. These disclosure documents are not filed with the court.
- If the **respondent** files a *Response*, he or she must also complete and serve the same disclosure documents on the **petitioner** within 60 days of filing the *Response*.
- The 60-day time frame for serving the disclosures may be changed by written agreement between the parties or by court order.
- The **petitioner** and **respondent** each file a *Declaration Regarding Service* (form FL-141) with the court saying disclosures were served. If the **respondent** does not serve disclosures, the **petitioner** can still finish the case without them. For more information, see “Fill Out and Serve Your Financial Declaration of Disclosure Forms” at courts.ca.gov/filing (click on Step 4).



STEP 4. Finish the Divorce or Legal Separation Case in One of Four Ways



Respondent does not file a *Response* (called “default”)



No *Response* and NO written agreement:

Petitioner waits 30 days after Step 2 is complete and prepares a proposed *Judgment* (form FL-180), together with all other needed forms. See “True Default Case” at courts.ca.gov/truedefault.



No *Response* BUT written agreement:

Petitioner attaches the signed and notarized agreement to the proposed *Judgment* (form FL-180), together with all other needed forms. See “Default Case with Written Agreement” at courts.ca.gov/defaultagree.



Respondent files a *Response*



Response AND written agreement: Either party files *Appearance, Stipulations, and Waivers* (form FL-130) and the proposed *Judgment* with written agreement attached and other needed forms. See “Uncontested Case” at courts.ca.gov/uncontested.



Response and NO agreement: Parties must go to trial to have a judge resolve the issues. See “Contested Case” at courts.ca.gov/contested.

IMPORTANT NOTICES

- The earliest you can be divorced is six months and one day from one of these three dates (whichever occurs first): (1) the date Respondent was served with the *Summons* (form FL-110) and *Petition* (form FL-100), (2) the date the *Response* (form FL-120) was filed, or (3) the date *Appearance, Stipulations, and Waivers* (form FL-130) was filed. Legal separation has no waiting period. You are NOT divorced or legally separated until the court enters a *Judgment* in your case.
- If you need court orders for child support, custody, parenting time (visitation), spousal or partner support, restraining orders, or other issues, file a *Request for Order* (form FL-300) asking for temporary orders. See “Request for Order Information” at courts.ca.gov/divorcerequests for more information.
- Annulments: See courts.ca.gov/annulment for information about annulments.
- You must keep the court and the other party informed of any change in your mailing address or other contact information. File and serve a *Notice of Change of Address or Other Contact Information* (form MC-040) on the other party or his or her attorney to let them know about the change in your contact information.



Do you have a registered domestic partnership? The process for a divorce or legal separation of a domestic partnership is the same as on page 1. For information about ending your domestic partnership in the superior court, see courts.ca.gov/filing. To find out if you are eligible to end your domestic partnership through the Secretary of State, see courts.ca.gov/summdissodp. Note: There may be differences in federal taxes and other issues for domestic partnerships. Seek advice from an attorney experienced in domestic partner law.

What if you want a legal separation? The process on page 1 is the same, except you will **NOT** get a *Judgment* for legal separation unless both parties agree to a legal separation OR if **respondent** has not filed a *Response*. If both parties agree to be legally separated but do not agree on other issues, the parties must go to trial to have a judge resolve those issues. You are **NOT** legally separated until you receive a *Judgment* signed by the court. For more information, see “Legal Separation” at courts.ca.gov/legalseparation. AFTER the court enters a judgment for legal separation, if you decide you want a divorce, you must start a new case to request a divorce and pay another filing fee.

Getting help to resolve divorce or legal separation cases

You may prefer to resolve some or all of the issues in your divorce or legal separation case without having the court decide for you. You and your spouse or domestic partner can put your agreement in writing and file it in your case. But your agreement must follow all legal requirements.

Court Services

- **Family Law Facilitators and Self-Help Centers** help with court forms and instructions. They can provide samples of agreements and other information and, in some cases, help with mediation.
- **Family Court Services.** If you and the other parent already have a family law case and have filed a *Request for Order* (form FL-300) seeking orders about child custody and visitation (parenting time), the court will refer you to Family Court Services. They provide child custody mediation or child custody recommending counseling to try to help you both make a parenting plan that is in the best interest of your child. Note: They cannot help with financial issues.
- **Settlement Conferences.** An informal process in which a judge or an experienced lawyer meets with the parties and their lawyers to discuss the case and their positions and suggests a resolution. The parties can either agree to the suggestions or use the suggestions to help in further settlement discussions.

Private services (which you can hire to help you resolve your case):

- **Lawyers.** Also called attorneys, lawyers can help work out agreements between the parties and represent you at court hearings and trials.
- **Collaborative Lawyers.** Lawyers who represent each party but do not go to court. They try to reach an agreement. If court is necessary, the parties must hire new lawyers.
- **Mediators.** A lawyer or counselor who helps the parties communicate to explore options and reach a mutually acceptable resolution.

Where can I get help?

This information sheet gives you only basic information on the divorce or legal separation and is not legal advice. If you want legal advice, ask a lawyer for help. You may also:

- Contact the family law facilitator or self-help center in your court for information, court forms, and referrals to local legal resources. For more information, see courts.ca.gov/courtresources.
- Find a lawyer through a certified lawyer referral service on the State Bar of California's website: calbar.ca.gov/LRS or by calling 866-442-2529 (toll-free).
- Hire a private mediator. For more information about court and private services, see courts.ca.gov/selfhelp-adr.htm.
- Find information on the California Courts Online Self-Help Center website: courts.ca.gov/selfhelp.
- Find free and low-cost legal help (if you qualify) at lawhelpcalifornia.org.
- Find information at your local law library or public library.

What if there is domestic violence?

If there is domestic violence or a protective or restraining order, talk to a lawyer, counselor, or mediator before making agreements.

For domestic violence help, call the National Domestic Violence Hotline: 800-799-7233; TDD: 800-787-3224; or 211 (if available in your area).

Clerk stamps date here when form is filed.

Fill out this form if you or a witness in your case needs an interpreter when you are in court.

See instructions on page 2 of this form for more information.

1 Your Information (person requesting an interpreter). *If you have a lawyer, give your lawyer's information.*

Name: _____

State Bar No.: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail Address: _____

Fill in court name and street address:

Superior Court of California, County of MERCED

___ 2260 N Street, Merced, CA 95340

___ 627 W. 21st St., Merced, CA 95340

___ 1159 G St., Los Banos, CA 93635

Court fills in case number when form is filed.

Case Number:

2 I am a party in this case (check one item below):

☐ Plaintiff/Petitioner ☐ Defendant/Respondent ☐ Other (describe): _____

3 I need an interpreter in the following language when I am in court:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> español (Spanish) | <input type="checkbox"/> Tiếng Việt (Vietnamese) | <input type="checkbox"/> 한국어 (Korean) | <input type="checkbox"/> 普通话 (Mandarin) |
| <input type="checkbox"/> 广东话 (Cantonese) | <input type="checkbox"/> فارسی (Farsi/Persian) | <input type="checkbox"/> русский (Russian) | <input type="checkbox"/> Tagalog (Tagalog) |
| <input type="checkbox"/> العربية (Arabic) | <input type="checkbox"/> ਪੰਜਾਬੀ (Punjabi) | <input type="checkbox"/> Other: _____ | |

Include town of origin, if you speak an indigenous language: _____

4 I have a witness who needs an interpreter for the following court date:

(Complete a separate form for each witness.)

a. Date: _____ Time: _____

Department and judicial officer, if known: _____

☐ No date is set yet.

b. The witness needs an interpreter in (check one):

☐ The language marked above **OR**

☐ Other (enter the language the witness speaks): _____

Date: _____



Signature of party or attorney



Your Name:

Case Number:

INSTRUCTIONS

- Court proceedings are in English. If a party or witness does not speak or understand English well, he or she may need an interpreter. The interpreter will allow him or her to testify, speak to the judge, and understand what others are saying in court. Certified and registered court interpreters are trained to interpret in court. If you need language help, you can ask the court to provide a court interpreter by filling out the first page of this form.
- You should complete this form if you or a witness in your case needs an interpreter. A witness is someone who provides information in court, under oath. You should complete a separate form for every witness who needs language help. Complete the first page and file it with the court. Check with your local court to find out how far in advance you must file a request for an interpreter. You can also find out when the court will answer your request.
- Courts try to provide an interpreter in every language and in every civil case. The court will provide you with a response to let you know if your request was granted. Sometimes, a court cannot provide an interpreter in every case.



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civ. Code, § 54.8.)

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE
YOUR ORDER CAN BE HEARD IN COURT OR FILED WITH
THE SUPERIOR COURT CLERK'S OFFICE.

Reserved for Court's Case Number:

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

NON-CUSTODIAL PARENT

Full Name: Last First Middle				Date of Birth: Month Day Year		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Nonbinary	
Last Known Address: Number & Street City State Zip				Phone: () () Home Message/Cell			
Description: Hair Eyes Height Weight				Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
Social Security #:		Driver's License or ID #		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American		<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
Present or Last Known Employer: Name of Company: Address City & State Phone				Name and Address of Friend or Relative:			

CUSTODIAL PARENT / GUARDIAN

Full Name: Last First Middle				Date of Birth: Month Day Year		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Nonbinary	
Last Known Address: Number & Street City State Zip				Phone: () () Home Message/Cell			
Social Security #		Marriage Date:		Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
		Dissolution Date & County:					
Receiving Public Assistance: <input type="checkbox"/> NO <input type="checkbox"/> YES Welfare #							

CHILDREN

Name of Child(ren)	Date of Birth	Social Security Number	State of Conception	Birth Place:

THIS FORM CONSTITUTES AN APPLICATION FOR SERVICES.

I UNDERSTAND THAT THE DEPARTMENT OF CHILD SUPPORT SERVICES WILL ASSIST ME IN MY EFFORTS
TO ENFORCE AND/OR MAINTAIN CHILD AND/OR MEDICAL SUPPORT FOR THE ABOVE CHILD(REN).

SIGNATURE OF: ☐ CUSTODIAL PARENT
☐ NON-CUSTODIAL PARENT
(Check One)

DATE

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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 MERCED STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G Street MAILING ADDRESS: 627 W. 21st Street 1159 G Street CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW		
PETITIONER: RESPONDENT:		
PETITION FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership		CASE NUMBER:

1. LEGAL RELATIONSHIP (check all that apply):

- a. ☐ We are married.
- b. ☐ We are domestic partners and our domestic partnership was established in California.
- c. ☐ We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

- a. ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
- b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): Respondent lives in (specify):

3. STATISTICAL FACTS

- a. ☐ (1) Date of marriage (specify): (2) Date of separation (specify):
 (3) Time from date of marriage to date of separation (specify): Years Months
- b. ☐ (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):
 (2) Date of separation (specify):
 (3) Time from date of registration of domestic partnership to date of separation (specify): Years Months

4. MINOR CHILDREN

- a. ☐ There are no minor children.
- b. ☐ The minor children are:

	Birthdate	Age
--	-----------	-----

- (1) ☐ continued on Attachment 4b. (2) ☐ a child who is not yet born.
- c. If any children listed above were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#)) must be attached.
- e. ☐ Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: RESPONDENT:	CASE NUMBER:
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Petitioner requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210, 2310–2312)

- a. ☐ Divorce or ☐ Legal separation of the marriage or domestic partnership based on (*check one*):
 (1) ☐ irreconcilable differences. (2) ☐ permanent legal incapacity to make decisions.
- b. ☐ Nullity of void marriage or domestic partnership based on
 (1) ☐ incest. (2) ☐ bigamy.
- c. ☐ Nullity of voidable marriage or domestic partnership based on
 (1) ☐ petitioner's age at time of registration of domestic partnership or marriage. (4) ☐ fraud.
 (2) ☐ prior existing marriage or domestic partnership. (5) ☐ force.
 (3) ☐ unsound mind. (6) ☐ physical incapacity.

6. 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"/> |
- As requested in ☐ form FL-311 ☐ form FL-312 ☐ form FL-341(C)
 ☐ form FL-341(D) ☐ form FL-341(E) ☐ Attachment 6c(1)

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. ☐ Other (*specify*):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. ☐ Spousal or domestic partner support payable to ☐ Petitioner ☐ Respondent
- b. ☐ Terminate (end) the court's ability to award support to ☐ Petitioner ☐ Respondent
- c. ☐ Reserve for future determination the issue of support payable to ☐ Petitioner ☐ Respondent
- d. ☐ Other (*specify*):

9. SEPARATE PROPERTY

- a. ☐ There are no such assets or debts that I know of to be confirmed by the court.
- b. ☐ Confirm as separate property the assets and debts in ☐ *Property Declaration* (form [FL-160](#)). ☐ [Attachment 9b](#).
 ☐ the following list. Item Confirm to

PETITIONER:
RESPONDENT:

CASE NUMBER:

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. ☐ There are no such assets or debts that I know of to be divided by the court.
- b. ☐ Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
☐ in *Property Declaration* (form [FL-160](#)) ☐ in [Attachment 10b.](#)
☐ as follows (*specify*):

11. OTHER REQUESTS

- a. ☐ Attorney's fees and costs payable by ☐ Petitioner ☐ Respondent
- b. ☐ Petitioner's former name be restored to (*specify*):
- c. ☐ Other (*specify*):

☐ Continued on Attachment 11c.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY 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)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF ATTORNEY FOR PETITIONER)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form [FL-107-INFO](#)) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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.](#)

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> (person who decides about the child's health, education, and welfare)	<u>Physical Custody to</u> (person the child regularly lives with)
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b. ☐ **Custody with allegations of a history of abuse or substance abuse**

- (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) ☐ 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):

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's** ☐ **Respondent's** ☐ **Other Parent's/Party's** parenting time (visitation) will be as follows:

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

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

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

to _____ 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. ☐ Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns

(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):

(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*):

(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:	CASE NUMBER:
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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.)

- (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):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	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*):
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\(C\)](#)
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*):

SUMMONS (Family Law)**CITACIÓN (Derecho familiar)**

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

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 is:
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-120](#)) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.

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), at the California Legal Services website (www.lawhelpca.org), or by contacting your local county bar association.

Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario [FL-120](#)) 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.

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

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), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRaining ORDERS ARE ON PAGE 2:

These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE

ENCUENTRAN EN LA PÁGINA 2: Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas 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*):

☐ 2260 N Street
 627 W. 21st Street
 Merced, CA 95340

☐ 1159 G Street
 1159 G Street
 Los Banos, CA 93635

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

Date (*Fecha*):

Clerk , by (*Secretario, por*) _____ , Deputy (*Asistente*)

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

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 towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

WARNING—IMPORTANT INFORMATION

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;
2. cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y
4. crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

¿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 el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G Street MAILING ADDRESS: 627 W. 21st Street 1159 G Street CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW	
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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.)

CASE NAME:	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 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						

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				

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:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

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:



(NAME OF DECLARANT)

(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.

CASE NAME:

CASE NUMBER:

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. _____ Name of child: *(Provide the child's current address 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.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name 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:			

3. b. _____ Name of child: *(Provide the child's current address 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.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name 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:			

Page ____ of ____

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G Street MAILING ADDRESS: 627 W. 21st Street 1159 G Street CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE <input checked="checked" type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142) or ☐ A *Property Declaration* (form FL-160) for (specify):
☐ Community and Quasi-Community Property ☐ Separate Property.
2. ☐ A completed *Income and Expense Declaration* (form FL-150).
3. ☐ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

Page 1 of 1

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THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>name and address</i>):	TELEPHONE NO.:
ATTORNEY FOR (<i>name</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER: RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (<i>Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.</i>)			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (<i>Identify.</i>)				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (<i>Identify.</i>)				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE ACQUIRED
19.	STUDENT LOANS <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify.):</i>			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$	

27. ☐ *(Specify number):* _____ pages are attached as continuation sheets.

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)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G Street MAILING ADDRESS: 627 W. 21st Street 1159 G Street CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="text"/> per month <input type="text"/> per week <input type="text"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
- e. I have: ☐ professional/occupational license(s) (specify): _____
☐ vocational training (specify): _____

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): _____
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name): _____
- c. I file state tax returns in ☐ California ☐ other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

- 4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 <input type="checkbox"/> federally taxable*	\$	_____
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 allowances, royalty payments) (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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
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).....	\$ _____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/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

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

14. Installment payments and debts not listed above

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

15. Attorney fees (This information 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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 expense for the children in this case

- | | Amount per month |
|--|------------------|
| a. Childcare 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 <i>(specify below)</i> :..... | \$ _____ |

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 <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : _____ | | |

(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)*:

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](#))
- (5) ☐ Completed and blank *Financial Statement (Simplified)* (form [FL-155](#))
- (2) ☐ Completed and blank *Declaration of Disclosure* (form [FL-140](#))
- (6) ☐ Completed and blank *Property Declaration* (form [FL-160](#))
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form [FL-142](#))
- (7) ☐ *Request for Order* (form [FL-300](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320](#))
- (4) ☐ Completed and blank *Income and Expense Declaration* (form [FL-150](#))
- (8) ☐ Other (specify):

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)*: _____ at *(time)*: _____
- 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:	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:

Telephone number:

This person is

- 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.

Date:

(NAME OF PERSON WHO SERVED PAPERS)



(SIGNATURE OF PERSON WHO SERVED PAPERS)

STOP!

**THE FOLLOWING FORMS ARE
TO BE LEFT BLANK AND
SERVED ON THE RESPONDENT**

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- Page 1 of 3

CASE NUMBER:

 PETITIONER:
 RESPONDENT:
Respondent requests that the court make the following orders:**5. LEGAL GROUNDS** (Family Code sections 2200–2210; 2310–2312)

- a. ☐ **Respondent contends** that the parties never legally married or registered a domestic partnership.
- b. ☐ **Respondent denies** the grounds set forth in item 5 of the petition.
- c. ☐ **Respondent requests**
- (1) ☐ Divorce ☐ Legal separation of the marriage or domestic partnership based on
 (a) ☐ irreconcilable differences. (b) ☐ permanent legal incapacity to make decisions.
- (2) ☐ Nullity of void marriage or domestic partnership based on
 (a) ☐ incest. (b) ☐ bigamy.
- (3) ☐ Nullity of voidable marriage or domestic partnership based on
 (a) ☐ respondent's age at time of registration of domestic partnership or marriage. (d) ☐ fraud.
 (b) ☐ prior existing marriage or domestic partnership. (e) ☐ force.
 (c) ☐ unsound mind. (f) ☐ physical incapacity.

6. 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"/> |

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

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. ☐ Other (specify):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. ☐ Spousal or domestic partner support payable to ☐ Petitioner ☐ Respondent
- b. ☐ Terminate (end) the court's ability to award support to ☐ Petitioner ☐ Respondent
- c. ☐ Reserve for future determination the issue of support payable to ☐ Petitioner ☐ Respondent
- d. ☐ Other (specify):

9. SEPARATE PROPERTY

- a. ☐ There are no such assets or debts that I know of to be confirmed by the court.
- b. ☐ Confirm as separate property the assets and debts in ☐ *Property Declaration* (form [FL-160](#)). ☐ [Attachment 9b](#).
☐ the following list. Item Confirm to

PETITIONER:
RESPONDENT:

CASE NUMBER:

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. ☐ There are no such assets or debts that I know of to be divided by the court.
- b. ☐ Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
☐ *Property Declaration* (form [FL-160](#)). ☐ [Attachment 10b](#).
☐ as follows (*specify*):

11. OTHER REQUESTS

- a. ☐ Attorney's fees and costs payable by ☐ Petitioner ☐ Respondent
- b. ☐ Respondent's former name be restored to (*specify*):
- c. ☐ Other (*specify*):

☐ Continued on Attachment 11c..

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form [FL-107-INFO](#)) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

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ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G Street MAILING ADDRESS: 627 W. 21st Street 1159 G Street CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW	
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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.)

CASE NAME:	CASE NUMBER:
------------	--------------

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						

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				

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:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

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:

 (NAME OF DECLARANT)



 (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.

CASE NAME:

CASE NUMBER:

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. _____ Name of child: *(Provide the child's current address 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.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name 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:			

3. b. _____ Name of child: *(Provide the child's current address 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.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name 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:			

Page ____ of ____

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G Street MAILING ADDRESS: 627 W. 21st Street 1159 G Street CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142) or ☐ A *Property Declaration* (form FL-160) for (specify):
☐ Community and Quasi-Community Property ☐ Separate Property.
2. ☐ A completed *Income and Expense Declaration* (form FL-150).
3. ☐ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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
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THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>name and address</i>):	TELEPHONE NO.:
ATTORNEY FOR (<i>name</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER: RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (<i>Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.</i>)			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (<i>Identify.</i>)				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (<i>Identify.</i>)				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE ACQUIRED
19.	STUDENT LOANS <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify.):</i>			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$	

27. ☐ *(Specify number):* _____ pages are attached as continuation sheets.

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)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G Street MAILING ADDRESS: 627 W. 21st Street 1159 G Street CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="text"/> per month <input type="text"/> per week <input type="text"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
- e. I have: ☐ professional/occupational license(s) (specify): _____
☐ vocational training (specify): _____

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): _____
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name): _____
- c. I file state tax returns in ☐ California ☐ other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

- 4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 <input type="checkbox"/> federally taxable*	\$	_____
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 allowances, royalty payments) (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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
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).....	\$ _____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/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

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

14. Installment payments and debts not listed above

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

15. Attorney fees (This information 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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

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 expense for the children in this case

- | | Amount per month |
|---|------------------|
| a. Childcare 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 <i>(specify below)</i> | \$ _____ |

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 <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : _____ | | |

- (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)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: <input type="checkbox"/> 2260 N Street <input type="checkbox"/> 1159 G St. MAILING ADDRESS: 627 W. 21st St. 1159 G St. CITY AND ZIP CODE: Merced, CA 95340 Los Banos, CA 93635 BRANCH NAME: FAMILY LAW	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF SERVICE BY MAIL	(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:

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:

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

☐ FL-120 ☐ Other: _____
☐ FL-105
☐ FL-140, FL-142, FL-150

 by enclosing them in an envelope AND
 - 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:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing (*city and state*):
 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: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)