

Instructions for filing a Petition to Determine Parental Relationship

Forms Needed: (* Mandatory Forms)

- [Summons \(Parentage – Custody and Support \(FL-210\) *](#)
- [Petition to Determine Parental Relationship \(FL-200\) *](#)
- [Declaration of Residence \(RI-FL036\) *](#)
- [Confidential Contact Information \(RI-FL011\)](#)
- [Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act \(FL105/GC-120\) *](#)
- [Income and Expense Declaration \(FL-150\)](#)

Petition to Determine Parental Relationship

To request orders for custody, visitation, and child support, unmarried parents must first ask the court to make a legal determination of who the parents are.

You can find more information on Petition to Determine Parental Relationship at <https://www.courts.ca.gov/selfhelp-parentage.htm>

1	Complete all Forms	Complete all the documents and sign them.
2	File with the Court	<p><u>In-Person:</u> Go to the Clerk's Office window. You will need the following:</p> <ul style="list-style-type: none">• The original and at least a copy (max 2 copies) <p><u>Drop box or Mail:</u> Use the drop off box or mail your forms to the court listed on your forms. Include the following:</p> <ul style="list-style-type: none">• The original and at least a copy (max 2 copies)• An envelope addressed to yourself with sufficient postage affixed. <p><u>Online:</u> Submit your forms online through eSubmit Portal. Follow the instructions below:</p> <ul style="list-style-type: none">• Electronically sign your documents at all signature lines in the document.• Watch video tutorials to prepare your documents at: https://youtu.be/DfnvZRuDMVg• Read instructions and eSubmit documents at: https://riverside.courts.ca.gov/forms-filing/esubmit• An eSubmit transaction fee applies <p><i>The filing fee or fee waiver⁽²⁾ will be required at the time of submission. Once the court files the documents, the copies will be returned to you in the same way they were filed.</i></p>
3	Serve Copy on Other Party	Have someone other than the people listed in the paperwork and who is 18 years or older serve a copy of each document and fill out the Proof of Service of Summons (FL-115) ⁽³⁾ .
4	File the Proof of Service of Summons (FL-115)	File the completed Proof of Service of Summons (FL-115) ⁽³⁾ with the court. You should keep a copy of the completed form for your own records.
<p>If you would like the court to make temporary orders regarding custody, visitation, child support or other matters, refer to the Request for Order (Non-Emergency) ⁽¹⁾ to schedule a court hearing.</p>		

DISCLAIMER: Our Self-Help Center staff is not your private attorney and does not represent any party. There is NO attorney-client relationship and staff are unable to provide legal advice based on your individual facts. The Self-Help Center staff may provide information and services to the other party in the case. Further, communications between you and Self-Help Center staff is NOT Confidential. You should consult with your own attorney if you want personalized advice or strategy, to have a confidential conversation, or to be represented by an attorney in court. ⁽¹⁾

https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/FIPackets/requestfororder_nonemergency.pdf ⁽²⁾ https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/FIPackets/feewaiver_packet.pdf ⁽³⁾

<https://www.courts.ca.gov/documents/fl115.pdf>

Superior Court of California
County of Riverside
Petition to Determine Parental Relationship

Your Information:

Name (First, Middle, Last): _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Other Parent's Name:

Name (First, Middle, Last): _____

List minor children of the relationship: How many minor children? _____

If you have more than **two minor children of this marriage, you must also complete a [FL-105a](#) for the additional children.

Name (*First, Middle, Last*): _____
Place of Birth (*City/ State*): _____
Date of Birth (*MM/DD/YYYY*): _____ Age: _____ Sex (*M/F*): _____

Name (*First, Middle, Last*): _____
Place of Birth (*City/ State*): _____
Date of Birth (*MM/DD/YYYY*): _____ Age: _____ Sex (*M/F*): _____

Where is your case filed?

Filing Options:

Today's Date: _____

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

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:

El nombre del demandante:

CASE NUMBER: (Número de caso)

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p>Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</p>
<p>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 bar association.</p>	<p>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.</p>
<p>NOTICE: The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</p>	<p>AVISO: La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidia la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</p>
<p>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.</p>	<p>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.</p>

[SEAL]

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

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

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

STANDARD RESTRAINING ORDER
 (Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
 (Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURA DE SALUD MÁS ECONOMICO Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

PARTY WITHOUT ATTORNEY OR ATTORNEY TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
PETITIONER: RESPONDENT:	
PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER: _____

1. The petitioner
 - a. gave birth to the children listed in item 2.
 - b. wants to be determined as a parent of the children in item 2 because *(specify)*:
 - c. wants to be determined as not a parent of the children listed in item 2 because *(specify)*:
 - d. is the child or the child's personal representative *(specify court and date of appointment)*:
 - e. Other *(specify)*:

2. The children are
 - a. Child's name Birthdate Age

 - b. a child who is not yet born.

3. The court has jurisdiction over the respondent because the respondent:
 - a. lives in this state.
 - b. had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 - c. Other *(specify)*:

4. The action is brought in this county because *(you must check one or more to file in this county)*:
 - a. the children live or are found in this county.
 - b. a parent is deceased and proceedings for administration of the estate have been or could be started in this county.

5. Petitioner claims *(check all that apply)*:
 - a. respondent is the parent of the children listed in item 2 above.
 - b. parentage has been determined by a voluntary declaration of parentage or paternity. *(Attach a copy if available.)*
 - c. respondent is the children's parent and has failed to support the children.
 - d. *(name)*: _____ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the children should pay:

Amount	Payable to	For <i>(specify)</i> :
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 - e. public assistance is being provided to the children.
 - f. Other *(specify)*:

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

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

7. PARENT-CHILD RELATIONSHIP (check all that apply):

- a. Petitioner Respondent is the parent of the children listed in item 2.
- b. Petitioner Respondent is not the parent of the children listed in item 2.
- c. Petitioner requests genetic testing to determine whether the Petitioner Respondent is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. If Petitioner Respondent is found to be the parent of the children listed in item 2.

	Petitioner	Respondent	Joint	Other
b. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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)

- e. The facts in support of the requested custody and visitation (parenting time) orders are (specify):
 Contained in the attached declaration.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

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

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

- Children's names be changed, according to Family Code section 7638, as follows (specify old and new names):

12. CHILD SUPPORT

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

13. OTHER ORDERS REQUESTED (specify):

14. I have read the restraining order on the back of the Summons (FL-210) and I understand it applies to me when this Petition is filed.

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

Date:

_____ ▶
 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

A blank Response to Petition to Determine Parental Relationship (form FL-220) must be served on the respondent with this petition.

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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 INDIO 46-200 Oasis St., Indio, CA 92201

MENIFEE 27401 Menifee Center Dr., Menifee, CA 92584
 RIVERSIDE 4175 Main St., Riverside, CA 92501

RI-FL036

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</small>	<small>FOR COURT USE ONLY</small>
<p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	
<p>PETITIONER: _____</p> <p>RESPONDENT: _____</p>	
	CASE NUMBER: _____
DECLARATION OF RESIDENCE	

The undersigned certifies that this case should be tried or heard in the:

Blythe Court Indio Court Menifee Court Riverside Court

for the following reasons:

The party's primary residence is located within the geographical area. The city and zip code is:

City _____ Zip code _____

Other: _____

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

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

(SIGNATURE)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 INDIO 46-200 Oasis St., Indio, CA 92201

MENIFEE 27401 Menifee Center Dr., Menifee, CA 92584
 RIVERSIDE 4175 Main St., Riverside, CA 92501

RI-FL011

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p style="text-align: center;">CONFIDENTIAL</p> <p>CASE NUMBER: _____</p>
CONFIDENTIAL CONTACT INFORMATION	

If you would like to receive electronic self-help information about family law services from the court please complete the following:

I agree to receive self-help information from the court via email. The email address I want information sent to is:

The court values your privacy. At no time will the court make your email address available to any third party.

If you would like to stop receiving electronic self-help information from the court please complete the following:

I no longer wish to receive self-help information from the court.

Please Note: As a party to this action, if you appear without an attorney, you are required to inform the court of any changes in your mailing address and phone number for so long as your case remains active in the court. If you are represented by an attorney, your attorney has an obligation to inform the court of any changes in his or her address and phone number for so long as he or she represents you in this case.

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

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
(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):	CASE NUMBER:
Minor	
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.)

PARTY WITHOUT ATTORNEY OR ATTORNEY TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
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) per month per week 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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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)*:

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)**.)
 (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)