

Superior Court of California
County of Riverside
Petition for Custody and Support

Your Information:

Name (First, Middle, Last): _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Other Parent's Name:

Name (First, Middle, Last): _____

Type of Case

Child Support Child Custody Child Visitation Other

You are the Minor Child(ren)'s: Mother Father

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.: E-MAIL ADDRESS: ATTORNEY FOR (name): | STATE BAR NUMBER: FAX NO.: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE | | |
| PETITIONER: RESPONDENT: | | |
| PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN | | CASE NUMBER: |
| NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship. | | |

1. I am the petitioner. The respondent and I are the parents of the following minor children:

| | | |
|---------------------|------------------|------------|
| <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
|---------------------|------------------|------------|

continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

- a. I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. Respondent and I have legally adopted a child together.
- d. Respondent and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

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

4. **Child custody and visitation (parenting time).** I request the following orders:

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation (parenting time) of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. If "Other" is checked above, name of the other person is (specify):

The proposed schedule for visitation (parenting time) is as follows:

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

| | |
|----------------------------|--------------|
| PETITIONER: RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

- 4. e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.
- i. I request that visitation (parenting time) be supervised for the following persons, with the following restrictions:

Continued on Attachment 4h.

j. Other (*specify*):

5. Fees and cost of litigation

- a. Attorney fees will be paid by petitioner respondent.
- b. Each party will pay their own attorney's fees.

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

7. Other (*specify*):

8. I have read the restraining order on the back of the *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210) that is being filed with this petition, and I understand that 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 for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with a copy of this Petition.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on 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
 HEMET 880 N. State St., Hemet, CA 92543

INDIO 46-200 Oasis St., Indio, CA 92201
 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> |
| <p>PETITIONER:</p> <p>RESPONDENT:</p> | |
| <p>CONFIDENTIAL CONTACT INFORMATION</p> | |

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)

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 style="font-size: small; margin: 0;">ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p style="margin: 0;">TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p style="margin: 0;">E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p style="margin: 0;">ATTORNEY FOR (<i>Name</i>): _____</p> | <p style="text-align: center; font-size: x-small; margin: 0;">FOR COURT USE ONLY</p> <div style="text-align: center; background-color: black; color: white; padding: 5px; font-weight: bold; font-size: large;">CONFIDENTIAL</div> <p style="margin: 0;">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 | |
| <i>(This section applies to cases other than probate guardianships.)</i> | |
| PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only): | |
| <i>(This section applies only to probate guardianship cases.)</i> | |
| 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: |
|--|--------------|

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: |
|--|--------------|

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)*:

Instructions for Filing

1. **Complete** all the documents- Complete and sign all the documents
2. **File** – File the forms with the court



INPERSON: Give the original plus 2 copies to the Clerk at the Family Law filing window. The Clerk will keep the original and give you your copies back. At the time of filing, a fee or fee waiver will be required.

ONLINE: Electronically sign your documents, by typing in your name at all signature lines in the document. Please go to the following link for information on how to eSubmit:

<https://riverside.courts.ca.gov/FormsFiling/ESubmit/esubmit.php>

A fee or fee waiver will be required at the time of submission.

3. **Serve** – 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).
4. **File**- File the completed Proof of Service of Summons (FL-115) with the court. You should keep a copy of the completed form for your own records.

WAIT 30 DAYS AFTER THE OTHER SIDE HAS BEEN
SERVED.....

After the 30 days have passed, return to court for further
instruction.