



SUPERIOR COURT OF STANISLAUS COUNTY

www.stanct.org (209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11th Street Room #220 Modesto, CA 95353
(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

RESPONSE TO DISSOLUTION, LEGAL SEPARATION AND NULLITY

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to respond to a Dissolution, Legal Separation or Nullity case. Additional packets are available for scheduling hearings, motions or orders to show cause to establish specific orders prior to obtaining a judgment in the case.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, CA and on the following websites:

- ☛ **Stanislaus County Superior Court:** www.stanct.org
- ☛ **Stanislaus County – Local Forms:** www.stanct.org/Forms.aspx?id=3
- ☛ **Judicial Council's Self Help:** www.courts.ca.gov/selfhelp.htm
- ☛ **Judicial Council Forms:** www.courts.ca.gov/formsrules.htm
- ☛ **Stanislaus County Law Library:** www.stanislauslawlibrary.org
- ☛ **Free Interactive Electronic Forms Program:** www.icandocs.org/ca/california.html
- ☛ **California's Free Website for Legal Help:** www.lawhelpcalifornia.org
- ☛ **Law Libraries, Websites, or Self-Help Legal Books:** www.courts.ca.gov/1091.htm

REQUIRED FORMS:

- **FL003 - Confidential Declaration (Local Form)**
- **FL-120 - Response**
- **FL-105 - Declaration Under Uniform Child Custody Jurisdiction & Enforcement Act**
 - **Only if there are minor children of the marriage**
- **FL-335 - Proof of Service by Mail**

CASE MANAGEMENT INFORMATION:

- If you follow the Step by Step guide included in this packet in a timely manner, your Case Management Hearing may be dropped. You will not have to appear if a judgment has been submitted and filed with the court.
- A Case Management Conference Statement form FL-005 must be filed with the court and served on all parties by each counsel or self-represented party by the 15th calendar day before the date set for the Case Management Conference.
- **Refer to the instructions on both sides of the Notice of Family Law Case Management Conference** (this form is green) for rules and requirements related to the Case Management Conference.
- **THE CASE MANAGEMENT CONFERENCE IS NOT A TRIAL, IT DOES NOT RESOLVE SUPPORT OR CUSTODY ISSUES AND IT IS NOT A JUDGMENT HEARING.** This hearing allows the Court to track cases to ensure that they are proceeding as required by law.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: www.stanct.org.

Material distributed by Superior Court **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY**. Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY.** You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the **Stanislaus County Bar Association** at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

CONFIDENTIAL

AT _____ NEY (NAME, ADDRESS, PHONE) <div style="border: 1px solid red; padding: 2px; margin: 5px;">YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE</div> Attorney for: <div style="border: 1px solid red; padding: 2px; margin: 5px;">IN PRO PER</div>	FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner: _____ <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: 80%;">FILL OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH</div> Respondent: _____	
CONFIDENTIAL DECLARATION	Case Num _____ <div style="border: 1px solid red; padding: 2px; margin: 5px; display: inline-block;">WRITE IN THE CASE NUMBER FROM THE PAPERS YOU WERE SERVED WITH</div>

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____

Complete the requested information about your spouse as best as you can.

Address: _____

Alias (if any): _____ **Social security number:** _____

Date of Birth: _____ **Drivers License:** _____

Respondent (name): _____

Complete as much information about yourself

Address: _____

Alias (if any): _____ **Social security number:** _____

Date of Birth: _____ **Drivers License:** _____

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

Date: _____

Date Here

PRINT YOUR NAME

 (Type or Print Your Name)

SIGN YOUR NAME

 (Sign Your Name)

This is the Form Number

FOR COURT USE ONLY

SAMPLE

YOUR NAME HERE
YOUR STREET ADDRESS HERE
YOUR CITY, STATE, and ZIP CODE HERE

IN PRO PER

COUNTY NAME HERE

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus

COURT'S PHYSICAL ADDRESS HERE
COURT'S MAILING ADDRESS HERE
COURT'S CITY, STATE, and ZIP CODE HERE

LIST THE PARTY NAMES HERE EXACTLY HOW THEY ARE LISTED ON THE INITIAL PETITION

GUARDIANSHIP OF (Name): _____ Minor

You will be given a Court Case Number when you open the case

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

Write in the number of children here

- 1. I am a party to this proceeding to determine custody of a child.
- 2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
- 3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information is for the past five years.)

a. Child's name	<u>OLDEST CHILD'S NAME</u>	<u>CITY & STATE CHILD BORN IN</u>	<u>MM/DD/YYYY</u>	<u>M or F</u>
Period of residence	<u>CURRENT ADDRESS</u>	<u>NAME OF PERSON THE CHILD LIVES WITH AND THEIR CURRENT ADDRESS.</u>	<u>RELATIONSHIP OF PERSON TO CHILD</u>	
to present	<input type="checkbox"/> Confidential			
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

Make sure the dates diagonal from each other are EXACTLY the same

b. Child's name	<u>NEXT OLDEST CHILD'S NAME</u>	<u>CITY & STATE</u>	<u>MM/DD/YYYY</u>	<u>M or F</u>
Period of residence	<u>CURRENT ADDRESS</u>	<u>NAME OF PERSON THE CHILD LIVES WITH AND THEIR CURRENT ADDRESS.</u>	<u>RELATIONSHIP OF PERSON TO CHILD</u>	
to present	<input type="checkbox"/> Confidential			
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

Check this box if the children have been living at the same addresses

IF THE CHILDREN HAVE NOT BEEN LIVING AT THE SAME ADDRESSES, THEN TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST FIVE YEARS

Check this box if MORE THAN TWO CHILDREN are involved and create "ATTACHMENT 3C"

- c. Additional children are listed on attachment 3c. (If the child listed in item a or b is continued on attachment 3c.)
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: Last Name v. Last 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 <small>(name, state, location)</small>	Court order or judgment <small>(date)</small>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Tell the Court if there is another court case that involves the children and provide the information requested for each case.

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

Tell the Court if there is any domestic violence restraining orders now in effect and provide the necessary information.

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (if yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

Tell the Court if there is anyone else that claims to have CUSTODY and/or VISITATION

Date Here

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

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, state bar number)</i>		FOR COURT USE ONLY
YOUR NAME HERE YOUR STREET ADDRESS YOUR CITY, STATE, and ZIP CODE HERE		
TELEPHONE NO.: ATTORNEY FOR (Name):	IN PRO PER	FAX NO.: COUNTY NAME HERE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	COURT'S PHYSICAL ADDRESS HERE COURT'S MAILING ADDRESS HERE COURT'S CITY, STATE, and ZIP CODE HERE	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
FILL THIS OUT EXACTLY AS IT APPEARS ON YOUR OTHER DOCUMENTS		
PROOF OF SERVICE BY MAIL		CASE NUMBER: COURT CASE NUMBER HERE

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

- 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.
- My residence or business address is:

SERVER'S NAME
 SERVER'S STREET ADDRESS
 SERVER'S CITY, STATE, AND ZIP CODE
- I served a copy of the following documents (*specify*):

WRITE IN "RESPONSE"

CHECK THIS BOX

by enclosing them in an envelope AND

- depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- 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:

- Name of person served:

PLAINTIFF'S ATTORNEY'S NAME OR PLAINTIFF'S NAME IF NO ATTORNEY
- Address:

ADDRESS WHERE OTHER PARTY WAS SERVED
- Date mailed:

DATE MAILED
- Place of mailing (*city and state*):

CITY & STATE WHERE MAILED

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

Date: _____

DATE HERE

SERVER'S PRINTED NAME

(TYPE OR PRINT NAME)

SERVER'S SIGNATURE

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Yes, I need an Interpreter!

Sí, necesito un Intérprete!

Name (Nombre): _____

Case Number (Número de caso): _____

Language/Dialect Spoken (Que idioma/dialecto habla):

Spanish (Español) **Dialecto:** _____

Other: _____ **Dialect:** _____

Person requesting an Interpreter is:

Persona que solicita el intérprete es:

Petitioner (Solicitante)

Respondent (Demandado)

Protected Person (Persona Protegida)

Restrained Person (Persona Restringida)

Other (Otro): _____

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	<i>FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.</i>
Petitioner: Respondent:	
CONFIDENTIAL DECLARATION	Case Number:

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____
Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____
 Female **Male**

Respondent (name): _____
Address: _____
Alias (if any): _____ **Social security number:** _____
Date of Birth: _____ **Drivers License:** _____
 Female **Male**

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 Your Name)

(Sign Your Name)

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 STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P. O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE <input type="checkbox"/> AND REQUEST 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, at least one person in the legal relationship described in items 1a and 1c 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:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>

(1) continued on [Attachment 4b](#). (2) a child who is not yet born.

 - c. If any children 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 paternity. A copy is is not attached.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
(This section applies only to family law cases.) PETITIONER: RESPONDENT: OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. **I am a party** to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: 	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No *(If yes, attach a copy of the orders (if you have one) and provide the following information):*

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No *(If yes, provide the following information):*

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

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

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: _____	CASE NUMBER:
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: _____ <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF SERVICE BY MAIL	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

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

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: _____



(SIGNATURE OF PERSON COMPLETING THIS FORM)

(TYPE OR PRINT NAME)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE) Attorney for:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk' Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Plaintiff/Petitioner: Defendant/Respondent:	RELATED CASES:
CASE MANAGEMENT CONFERENCE STATEMENT	CASE NUMBER: Date: Time:

1. Names of parties/attorneys:

a) Petitioner _____ Attorney _____

b) Respondent _____ Attorney _____

2. Nature of action (check the applicable action):

- Dissolution of marriage, legal separation, or nullity
- Action to establish parent and child relationship
- Dissolution of domestic partnership

3. Service of pleadings:

a) Date of service of petition _____ If not served, explain: _____

b) Date of filing of response or default: _____

4. Case information (complete all applicable sections):

a) Date of marriage/partnership: _____ Date of separation: _____

b) Names/ages of minor children:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Other related family law cases (includes out of county/state orders such as domestic violence, dissolution judgments, custody or support): _____

6. Have parties met and conferred? _____ If not, explain: _____

7. Describe any discovery conducted to date: _____

8. Describe discovery to be conducted: _____

Estimated time to complete discovery: _____ months.

9. Issues agreed upon (e.g. child custody/visitation, child/spousal support, division of property)

10. Issues that a party believes should be bifurcated (e.g. marital status, date of separation or date of valuation) _____

11. Estimated date that party will be ready for trial (**the court anticipates that a case should be ready for trial within 3-6 months from the date of the case management conference**) _____

If longer than 6 months, explain: _____

12. Estimated length of trial (hours or days): _____

DATE: _____

Signature of Party/Attorney for Party