

RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP - *Instructions*

HELPFUL WEBSITES

www.courts.ca.gov - State Court - forms, etc.
www.kern.courts.ca.gov - Kern Court Website
www.kclawlib.org – Kern County Law Library
www.findlaw.com – Case Law
<http://leginfo.legislature.ca.gov> - Legislation/Codes
www.accesslaw.com – Forms, Cases, Codes

YOUR CASE IS CONFIDENTIAL! You will need a valid picture identification

Paternity, parentage or “establishing paternity” is a legal means of determining who is or, in some cases, who is NOT the parent of a child. See Family Code §7630 et seq.

GETTING STARTED

If you have been served with a Petition to Determine Parental Relationship, FL-200 packet, you have thirty (30) days from the date you were served to file a Response to Petition to Determine Parental Relationship. The Response form, FL-220 and attachment packet is your chance to tell the Court what you want.

WARNING! If a person is determined as a legal parent of a child, that person MUST support the child financially! If a legal parent does not financially support a child, he/she may be subject to civil and/or criminal penalties.

#1 COMPLETE THE FOLLOWING FORMS: You can get these forms from the Family Law Clerk, Family Law Facilitator, or online at www.courtinfo.ca.gov/forms.

1. **Mandatory** Response to Petition to Determine Parental Relationship (Uniform Parentage) (FL-220)
2. **Mandatory** Declaration Under Uniform Child Jurisdiction and Enforcement Act (UCCJEA) (FL-105); if there are more than 2 children use attachment FL-105(A), if need more space to write address use Attachment 3c
3. **Mandatory** Proof of Service by Mail (FL-335) or Proof of Personal Service (FL-330);
4. **Optional** Custody/Visitation Attachments
Child Custody and Visitation Attachment (FL-311)
Request for Child Abduction Prevention Order (FL-312)
Children’s Holiday Schedule Attachment (FL-341(C))
Additional Provisions – Physical Custody Attachment (FL-341(D))
Joint Legal Custody Attachment (FL-341(E))

#2 FILING FEE or FEE WAIVER: There is a FEE for filing these documents and required at the time of filing. If you cannot afford the filing fee or need to request payments, Fee Waiver forms are available. See current fee schedule for list of filing fees.

- #3 **HAVE FORMS REVIEWED FOR COMPLETENESS AND ACCURACY:**
You may visit the Family Law Facilitator's Office to have your documents reviewed BEFORE you make copies:

Family Law Facilitator's Office Location and Hours:
1215 Truxtun Ave., First Floor, Bakersfield, CA.
Monday – Thursday: 8:00 a.m. – 4:00p.m.
Friday: 8:00 a.m. – 12:00 p.m.
EMAIL: **WMFacil@kern.courts.ca.gov**

- #4 **MAKE COPIES:** Make sufficient number of copies, original + 2 or 3 or more for all parties and attorneys involved as follows:
1. Response to Petition to Determine Parental Relationship (Uniform Parentage) (FL-220) & any attachments used.
 2. Declaration Under Uniform Child Jurisdiction and Enforcement Act (UCCJEA) (FL-105).
 3. Proof of Service by Mail (FL-335) or Proof of Personal Service (FL-330).
- #5 **SERVE RESPONDENT:** Have a 3rd person (**SERVER**), 18 years or older and not a party or witness to the case serve the documents to the Respondent by mail. **Server** completes the Proof of Service by mail (FL-335) **OR** Proof of Personal Service (FL-330)

*****NOTE: If you do not have a 3rd person (server) to serve your documents, the Family Law Facilitator's Office can serve your documents by mail for you.***

*****YOU MUST PROVIDE the following: Original and 2 copies of response documents including all attachments, an envelope and sufficient postage.***

- #6 **FILE with the Family Law Clerk ASAP.** Take the original Response with attached original proof of service and one additional copy to the Family Law Division for filing after service is done on Petitioner with the filing fee or Fee Waiver.
- #7 **WHAT NEXT?**
1. You or the Petitioner may now request to set a hearing and go to Trial by filing an At-Issue Memorandum (separate handout/local form).
 2. The Clerk of the Court will send out a notice by mail for a *Family Centered Case Resolution (FCCR) conference. (make sure your address is current with the Family Law Department. If not Complete Change of Address form (MC-040).*
 3. Prepare Mandatory Settlement Conference Statement (separate handout/local form). At MSC, case may settle or be set for Trial Setting Conference.
 4. At Trial Setting Conference, case may be set for Case Management Conference or set for Trial Go to Trial
 5. At CMC case may settle or be confirmed for Trial.
 6. Prepare for and go to Trial
 7. Prepare Judgment, Notice of Entry of Judgment, Envelopes, and Postage Stamps

FAMILY LAW COURTHOUSES IN KERN COUNTY

Bakersfield:

1215 Truxtun Avenue
Bakersfield, CA 93301
Branch Name: Metro-Justice Building
(661) 868-5393

Delano:

1122 Jefferson Street
Delano, CA 93215
Branch Name: North Kern Division – Delano Branch
(661) 720-5800

Shafter:

325 Central Valley Highway
Shafter, CA 93263
Branch Name: North Kern Division – Shafter/ Wasco Branch
(661) 746-7500

Mojave:

1773 Highway 58
Mojave, CA 93501
Branch Name: East Kern Division – Mojave Branch
(661) 824-7100

Ridgecrest:

132 East Coso Street
Ridgecrest, CA 93555
Branch Name: East Kern Division – Ridgecrest Branch
(760) 384-5900

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| | |
|--|-----------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR ADDRESS CITY: YOUR CITY STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT ADDRESSES) CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER: PETITIONER'S NAME RESPONDENT: YOUR NAME | |
| RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP | CASE NUMBER: CASE NUMBER |

ITEM NUMBERS 1-5 AND 7 MUST BE COMPLETED;
 COMPLETE NUMBER 6 IF APPLYS TO YOU.

1. The petitioner
 - a. is a parent of the children in item 2.
 - b. is not a parent of the children in item 2.
 - c. is the child or the child's personal representative (specify court and date of appointment):
 - d. Other (specify):

2. The children are

| | | |
|------------------------|------------------|------------|
| a. <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
| CHILD'S NAME | DATE OF BIRTH | AGE |

b. a child who is not yet born

3. The respondent
 - a. lives in the state of California.
 - b. was in California when the children listed in item 2 were conceived.
 - c. does not live in the state of California.
 - d. was not in California when the children listed in item 2 were conceived.
 - e. Other (specify):

4. The children
 - a. live or are found in this county.
 - b. are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.

5. The respondent is
 - a. the parent of the children listed in item 2 above.
 - b. not certain if the respondent is the parent of the children listed in item 2 above.
 - c. not the parent of the children listed in item 2 above.
 - d. Other (specify):

6. Additional statements
 - a. Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
 - b. Parentage has been established in another case governmental child support Other (specify):
 - c. Public assistance is being provided to the children.

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

| | |
|-------------------------------|-----------------------------|
| PETITIONER: PETITIONER'S NAME | CASE NUMBER: CASE NUMBER |
| RESPONDENT: YOUR NAME | |

ITEM NUMBER 8 & 9 MUST BE COMPLETED. ITEMS 10-13 ARE OPTIONAL, COMPLETE IF NEEDED

The respondent asks that the court make the determinations listed below.

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

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

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

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

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

d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):

Contained in the attached declaration. SEE ATTACHMENT MC-025

10. 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"/> |

11. 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"/> |

12. NAME CHANGE IF REQUESTING MINOR'S NAME CHANGE, COMPLETE NUMBER 11

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

CHANGE CHILD'S NAME FROM: JOHN MICHAEL DOE TO: JOHN MICHAEL SMITH.

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

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

I have read the restraining order on the back of the Summons (FL-210) and I understand it applies to me.

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

Date: DATE OF SIGNATURE

YOUR PRINTED NAME _____
(TYPE OR PRINT NAME)

▶ YOUR SIGNATURE _____
(SIGNATURE OF RESPONDENT)

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.

| | |
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| SHORT TITLE: - LAST NAME VS LAST NAME | CASE NUMBER: CASE NUMBER |
|--|-----------------------------|

ATTACHMENT (Number): 9d

(This Attachment may be used with any Judicial Council form.)

DECLARATION AS TO FACTS IN SUPPORT OF THE REQUESTED CUSTODY AND VISITATION (PARENTING TIME) ORDERS ARE:

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 1
(Add pages as required)

| | |
|--|-----------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SAMPLE YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: 1215 TRUXTUN AVENUE MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: BAKERSFIELD, CA 93301 BRANCH NAME: METROPOLITAN DIVISION-JUSTICE BUILDING | |
| (This section applies only to family law cases.) PETITIONER: PETITIONER'S NAME RESPONDENT: YOUR NAME OTHER PARTY: | |
| (This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor | CASE NUMBER: 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. **List number of children you have with Respondent**
3. There are (specify number): **# of children** 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 CHILD'S NAME | Place of birth City/State where born | Date of birth DATE OF BIRTH | Sex |
|---|---|--|---|
| Period of residence 1/1/16 to present | Address <input type="checkbox"/> Confidential | Person child lived with (name and complete current address) Name of parent child currently lives with & current address <input type="checkbox"/> Confidential | Relationship mother or father |
| Birth to 1/1/16 | Child's residence (City, State) Previous address of child | Person child lived with (name and complete current address) Name of parent(s) child used to live | parents |
| to | Child's residence (City, State) MUST COMPLETE ADDRESSES FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS LESS THAN 5 YEARS OLD | 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 City/State where born | Date of birth | Sex |
| <input checked="" type="checkbox"/> Residence information is the same as given above for child a. CHECK IF ADDRESS IS SAME AS CHILD #1; IF NOT COMPLETE BELOW (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) MUST COMPLETE ADDRESSES FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS LESS THAN 5 YEARS OLD | 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 c. or d. IF NEEDED

- 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.) Page 1 of 2

| | |
|--|-----------------------------|
| SHORT TITLE: — LAST NAME VS LAST NAME | CASE NUMBER: CASE NUMBER |
|--|-----------------------------|

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

| Proceeding | Case number | Court <i>(name, state, location)</i> | Court order or judgment <i>(date)</i> | Name of each child | Your connection to the case | Case status |
|---|-------------|---|---|--------------------|-----------------------------------|-------------|
| #4. CHECK "YES" & LIST ANY OTHER CASES INVOLVING THESE CHILDREN - IF APPLICABLE; OTHERWISE, CHECK "NO" | | | | | | |
| 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): **check & attach copy of RESTRAINING ORDER if applicable**

| Court | County | State | Case number <i>(if known)</i> | Orders expire <i>(date)</i> |
|--|--------|-------|-------------------------------|-----------------------------|
| #5. COMPLETE RESTRAINING ORDER CASE INFORMATION- IF APPLICABLE | | | | |
| 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):

| | | |
|---|---|---|
| COMPLETE #6 a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> 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 <hr/> 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 <hr/> 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: **DATE YOU SIGN**

PRINT YOUR NAME _____

(TYPE OR PRINT NAME)

► **SIGN YOUR NAME** _____

(SIGNATURE OF DECLARANT)

7. Number of pages attached: 1

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: LAST NAME VS LAST NAME | CASE NUMBER: CASE NUMBER |
|--------------------------------------|-----------------------------|

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

| | | | |
|---|---|---------------|-----|
| <input checked="" type="checkbox"/> Child's name 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 City/State where born | Date of birth | Sex |
|---|---|---------------|-----|

CHECK IF ADDRESS IS SAME AS CHILD #1; IF NOT COMPLETE BELOW

| | | | |
|---------------------------------------|--|--|--------------|
| 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) | |

MUST COMPLETE ADDRESSES FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS LESS THAN 5 YEARS OLD

| | | | |
|--|--|--|--------------|
| <input type="checkbox"/> Child's name 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 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) | |

| | |
|---|-----------------------------|
| PETITIONER: PETITIONER'S NAME RESPONDENT: YOUR NAME OTHER PARENT/PARTY: | CASE NUMBER: CASE NUMBER |
|---|-----------------------------|

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT
—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. **Custody.** Custody of the minor children of the parties is requested as follows:

| | | | |
|---------------------|----------------------|--|---|
| <u>Child's Name</u> | <u>Date of Birth</u> | <u>Legal Custody to (person who decides about health, education, etc.)</u> | <u>Physical Custody to (person with whom the child lives)</u> |
| CHILD'S NAME | DATE OF BIRTH | Joint or Sole Name of Parent(s) | Joint or Sole Name of Parent(s) |

2. **Visitation (Parenting Time).**
Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.
a. Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
b. See the attached _____ -page document dated (specify date):
c. The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
d. No visitation (parenting time).
e. Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")
 Petitioner's Respondent's Other Parent's/Party's parenting time (visitation) will be as follows:

#2 - CHECK THE APPROPRIATE BOXES FOR THE OTHER PARENT

(1) **Weekends starting (date): specify starting date**
(Note: The first weekend of the month is the first weekend with a Saturday.)
 1st 2nd 3rd 4th 5th weekend of the month
from Friday at 3:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)
to Sunday at 6:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)
(a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, which starts (date):
(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

(2) **Alternate weekends starting (date):**
from _____ at _____ a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)
to _____ at _____ a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

(3) **Weekdays starting (date): specify starting date**
from Wednesday at 3:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)
to Wednesday at 6:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

(4) Other visitation (parenting time) days and restrictions are: listed in Attachment 2e(4)
 as follows: **List other visitation days & times, or restrictions here or use Additional Page, form MC-020 and title it "Attachment 2e(4)"**

| | |
|---|-----------------------------|
| PETITIONER: PETITIONER'S NAME RESPONDENT: YOUR NAME OTHER PARENT/PARTY: | CASE NUMBER: CASE NUMBER |
|---|-----------------------------|

#3 - #10 CHECK ALL THAT APPLY

3. **Supervised visitation (parenting time).**
 - a. **If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.**
 - b. The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
 - c. I request that (*name*): _____ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
 - d. I request that the visitation (parenting time) be supervised by (*name*): _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (*specify*): _____
 - e. I request that any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent; other parent/party: _____ percent.

4. **Transportation for visitation (parenting time) and place of exchange.**
 - a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
 - b. Transportation **to** begin the visits will be provided by (*name*): _____
 - c. Transportation **from** the visits will be provided by (*name*): _____
 - d. The exchange point at the beginning of the visit will be (*address*): _____
 - e. The exchange point at the end of the visit will be (*address*): _____
 - f. During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
 - g. Other (*specify*): _____

5. **Travel with children.** The petitioner respondent other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
 - a. the state of California.
 - b. the following counties (*specify*): _____
 - c. other places (*specify*): _____

6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.
7. **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached form FL-341(C) Other (*specify*): _____
8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) Other (*specify*): _____
9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) Other (*specify*): _____
10. **Other.** I request the following additional orders (*specify*): _____

| | |
|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT ADDRESSES) CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: | CASE NUMBER: CASE NUMBER (If applicable, provide): 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:
**** SERVER'S ADDRESS INFORMATION****
 STREET ADDRESS
 CITY, STATE AND ZIP CODE
3. I served a copy of the following documents (*specify*):
 LIST THE NAME OF ALL FORMS SERVED SUCH AS: RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP (FL-220); UCCJEA (FL-105); UCCJEA ATTACHMENT (FL-105); CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT (FL-311).

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.

CHOOSE
A OR B

4. The envelope was addressed and mailed as follows:
 - a. Name of person served: PETITIONER'S NAME
 - b. Address: PETITIONER'S MAILING ADDRESS OR ATTORNEY
CITY, STATE AND ZIP CODE
 - c. Date mailed: DATE DOCUMENTS MAILED
 - d. Place of mailing (*city and state*): CITY AND STATE THE RESPONSE DOCUMENTS WERE MAILED FROM
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: DATE OF SIGNATURE

SERVER'S PRINTED NAME _____

(TYPE OR PRINT NAME)

▶ SIGNATURE OF SERVER _____

(SIGNATURE OF PERSON COMPLETING THIS FORM)

| | |
|---|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address). YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: ATTORNEY FOR (Name): IN PRO PER | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: 1215 TRUXTUN AVENUE MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: BAKERSFIELD, CA 93301 BRANCH NAME: METROPOLITAN DIVISION-JUSTICE BUILDING | |
| PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: | CASE NUMBER: CASE NUMBER <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.: |
| PROOF OF PERSONAL SERVICE | |

- I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
- Person served (name): PETITIONER'S NAME
- I served copies of the following documents (specify):
 LIST THE NAME OF ALL FORMS SERVED SUCH AS: RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP (FL-220); UCCJEA (FL-105); UCCJEA ATTACHMENT (FL-105); CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT (FL-311).
- By personally delivering copies to the person served, as follows:
 - Date: DATE OF SERVICE
 - Time: TIME OF SERVICE
 - Address: ADDRESS PETITIONER WAS SERVED
 STREET ADDRESS
 CITY, STATE AND ZIP CODE
- I am CHOOSE ONE FOR NUMBER 5
 - not a registered California process server.
 - a registered California process server.
 - an employee or independent contractor of a registered California process server.
 - exempt from registration under Business & Profession Code section 22350(b).
 - a California sheriff or marshal.
- My name, address, and telephone number, and, if applicable, county of registration and number (specify):
**** SERVER'S ADDRESS INFORMATION ****
 STREET ADDRESS
 CITY, STATE AND ZIP CODE

 ANSWER NUMBER 7 OR 8
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: DATE OF SIGNATURE

SERVER'S PRINTED NAME _____
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

▶ SIGNATURE OF SERVER _____
(SIGNATURE OF PERSON WHO SERVED THE PAPERS)