

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

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
www.leginfo.ca.gov - Legislation/Codes
www.accesslaw.com – Forms, Cases, Codes

FORMS:

- ❖ **Mandatory** Responsive Declaration to Request for Order, FL- 320;
- ❖ **Mandatory** (*if there are issues of child custody or child visitation*) Declaration Under UCCJEA, FL-105 and attachment FL-105(A) for use when there are more than 2 children involved
- ❖ *Optional* Child Custody and Visitation Application Attachment, FL-311;
- ❖ *Optional* Income and Expense Declaration, FL-150. (*Mandatory use for issues of child or spousal support, Attorneys fees & costs, fee waiver, hardships*);
- ❖ **Mandatory blank** Proof of Service by Mail, FL-335.
You determine which attachments, if any, you will need.

GETTING STARTED:

1. Get blank forms to complete from the Family Law Clerks, Facilitator, or online (see above).
2. In the absence of an order shortening time, a copy of the Responsive Declaration must be served on the other party at least nine court days before the hearing by personal service (add five calendar days if served by mail within California and ten calendar days if served by mail outside of California).
3. The original completed Responsive Declaration and completed proof of service must be filed with the court **before** the hearing date.

COMPLETE THE RESPONSIVE DECLARATION:

1. Complete and sign the forms;
2. Make sufficient number of copies (original + 2 or 3 copies);
3. If you have Child Support or Spousal Support issues, complete the Income and Expense Declaration (FL-150) and attach a copy of at least 2 months of most recent check stubs or income information.

SERVE THE RESPONSIVE DECLARATION:

1. Server completes the Proof of Service by Mail (FL-335);
2. Make 2 copies of the original for a total of 3 sets. If there are more parties in the case, such as the Department of Child Support Services (DCSS), make sure there is a set for them;
3. One copy of the Responsive Declaration is to be served on the opposing party(ies) AT LEAST 9 COURT days, not counting weekends or holidays, before the hearing date for personal service;

FILE THE RESPONSIVE DECLARATION WITH THE FAMILY LAW CLERK:

1. The original and 1 copy of completed Responsive Declaration and completed proof of service must be filed with the court **before** the hearing date.
2. Keep a copy of the completed Responsive Declaration for your record.

GO TO MEDIATION AT THE APPOINTED TIME.

GO TO THE HEARING AT THE APPOINTED TIME.

THE REQUESTING PARTY USUALLY COMPLETES A FINDINGS AND ORDER AFTER HEARING (FL-340) FOLLOWING THE COURT HEARING.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE , and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER: CASE NUMBER
HEARING DATE: DATE OF HEARING	TIME: TIME
DEPARTMENT OR ROOM: DEPARTMENT	

1. CHILD CUSTODY

- a. I consent to the order requested.
- b. I do not consent to the order requested, but I consent to the following order:

(CHECK "A" or "B" OF WHETHER YOU CONSENT OR DO NOT CONSENT TO THE CHILD CUSTODY ORDER REQUESTED. IF YOU CHECK "B", YOU MUST SPECIFY WHAT ORDERS YOU WANT REGARDING CHILD CUSTODY.)

2. CHILD VISITATION (PARENTING TIME)

- a. I consent to the order requested.
- b. I do not consent to the order requested, but I consent to the following order:

(CHECK "A" or "B" OF WHETHER YOU CONSENT OR DO NOT CONSENT TO THE CHILD VISITATION ORDER REQUESTED. IF YOU CHECK "B", YOU MUST SPECIFY WHAT ORDERS YOU WANT REGARDING CHILD VISITATION.)

3. CHILD SUPPORT

- a. I consent to the order requested.
- b. I consent to guideline support.
- c. I do not consent to the order requested, but I consent to the following order:
 - (1) Guideline
 - (2) Other (specify):

(CHECK "A", "B", or "C". IF YOU CHECK "C", YOU MUST ALSO CHECK "(1)" or "(2)" and IF YOU CHECK "(2)" YOU MUST THEN TELL THE COURT WHAT ARE THE ORDERS YOUR ARE REQUESTING.)

4. SPOUSAL OR PARTNER SUPPORT

- a. I consent to the order requested.
- b. I do not consent to the order requested.
- c. I consent to the following order:

(CHECK "A", "B", or "C". IF YOU CHECK "C", YOU MUST THEN TELL THE COURT WHAT ARE THE ORDERS YOUR ARE REQUESTING.)

(CHECK THE BOX THAT PERTAINS TO YOUR RESPONSE TO THE THE OTHER PARTY'S REQUEST)

FL-320

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	
OTHER PARTY:	

5. **ATTORNEY'S FEES AND COSTS**
- a. I consent to the order requested.
 - b. I do not consent to the order requested.
 - c. I consent to the following order:

6. **PROPERTY RESTRAINT**
- a. I consent to the order requested.
 - b. I do not consent to the order requested.
 - c. I consent to the following order:

7. **PROPERTY CONTROL**
- a. I consent to the order requested.
 - b. I do not consent to the order requested.
 - c. I consent to the following order:

8. **OTHER RELIEF**
- a. I consent to the order requested.
 - b. I do not consent to the order requested.
 - c. I consent to the following order:

(CHECK "A", "B", and/or "C". IF YOU CHECK "C", YOU MUST THEN TELL THE COURT WHAT ARE THE ORDERS YOU ARE REQUESTING.)

9. **SUPPORTING INFORMATION**
- Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

(EXPLAIN WHY YOU WANT EACH ORDER REQUESTED HERE OR ATTACH A SEPARATE DECLARATION. IF YOU ARE ATTACHING A SEPARATE DECLARATION, YOU MUST LIMIT YOUR DECLARATION TO 10 PAGES.)

NOTE: To respond to domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100), you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

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

Date: **DATE YOU SIGN**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE OF DECLARANT)

PETITIONER: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	

3. **Supervised visitation.**
 I request that (*name*): _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by (*name*): _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (*specify*): _____

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

(COMPLETE ONLY THE SECTION YOU ARE REQUESTING AN ORDER FOR)

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

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

(COMPLETE ONLY THE SECTION YOU ARE REQUESTING AN ORDER FOR)

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.
7. **Children's holiday schedule.** I request the holiday and visitation 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):		<i>FOR COURT USE ONLY</i>
YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		***USED WHEN REQUESTING CHILD AND/OR SPOUSAL SUPPORT ***YOU MUST ATTACH AT LEAST 2 MONTHS WORTH OF PROOF OF INCOME
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF KERN COURT'S ADDRESSES) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: 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: BAKERSFIELD HOSPITAL b. Employer's address: 124 HOSPITAL ROW, BAKERSFIELD, CA 93301 c. Employer's phone number: (661) 555-5555 d. Occupation: AD, OTTOMG, G, ERL e. Date job started: 01/2004 f. If unemployed, date job ended: (COMPLETE THIS IF YOU ARE NO LONGER WORKING) g. I work about 40 hours per week. h. I get paid \$ 1,500.00 gross (before taxes) <input checked="" type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> 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): **25**
- 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): **2** Degree(s) obtained (specify): **AA**
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify): **MEDICAL FRONT OFFICE**

3. **Tax information**

- a. I last filed taxes for tax year (specify year): **2005**
- 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**

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ **5,000.00**
 This estimate is based on (explain): **WE WERE MARRIED FOR 5 YEARS AND THAT IS THE AMOUNT MY SPOUSE MADE WHEN WE WERE LIVING TOGETHER.**

(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: **DATE YOU SIGN**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: 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)	\$ 1,500.00	1,400.00
b. Overtime (gross, before taxes)	\$ 200.00	0.00
c. Commissions or bonuses	\$ 0.00	0.00
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ 0.00	0.00
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ 0.00	0.00
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ 0.00	0.00
g. Pension/retirement fund payments	\$ 0.00	0.00
h. Social security retirement (not SSI)	\$ 0.00	0.00
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.	\$ 0.00	0.00
j. Unemployment compensation	\$ 0.00	0.00
k. Workers' compensation	\$ 0.00	0.00
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$ 0.00	0.00

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ 0.00	0.00
b. Rental property income	\$ 0.00	0.00
c. Trust income	\$ 0.00	0.00
d. Other (specify) :	\$ 0.00	0.00

7. **Income from self-employment, after business expenses for all businesses** \$ **0.00** **0.00**

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) : **INHERITANCE FROM MY AUNT** **2,500.00**
9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :
BONUSES AND OVERTIME ARE NOT OFFERED EACH MONTH.

10. **Deductions**

	Last month
a. Required union dues	\$ 60.00
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ 0.00
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 100.00
d. Child support that I pay for children from other relationships	\$ 0.00
e. Spousal support that I pay by court order from a different marriage	\$ 0.00
f. Partner support that I pay by court order from a different domestic partnership	\$ 0.00
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ 0.00

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 100.00
b. Stocks, bonds, and other assets I could easily sell	\$ 0.00
c. All other property, <input checked="" type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 0.00

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: CASE NUMBER
--	------------------------------------

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. OLDEST CHILD	10	SON	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. MIDDLE CHILD, IF ANY	8	DAUGHTER	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. YOUNGEST CHILD, IF ANY	6	DAUGHTER	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. JANE DOE	27	ROOMMATE	2,500.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

<p>a. Home:</p> <p>(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ 1,200.00</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ 0.00</p> <p style="margin-left: 40px;">(b) average interest: \$ 0.00</p> <p>(2) Real property taxes\$ 0.00</p> <p>(3) Homeowner's or renter's insurance (if not included above)\$ 0.00</p> <p>(4) Maintenance and repair\$ 0.00</p> <p>b. Health-care costs not paid by insurance ...\$ 100.00</p> <p>c. Child care\$ 575.00</p> <p>d. Groceries and household supplies\$ 500.00</p> <p>e. Eating out\$ 50.00</p> <p>f. Utilities (gas, electric, water, trash)\$ 200.00</p> <p>g. Telephone, cell phone, and e-mail\$ 100.00</p>	<p>h. Laundry and cleaning\$ 20.00</p> <p>i. Clothes\$ 60.00</p> <p>j. Education CHILDREN'S ACTIVITY\$ 80.00</p> <p>k. Entertainment, gifts, and vacation\$ 25.00</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 250.00</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 3.00</p> <p>n. Savings and investments\$ 0.00</p> <p>o. Charitable contributions\$ 20.00</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 420.00</p> <p>q. Other (specify) :\$</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 3,603.00</p> </div> <p>s. Amount of expenses paid by others \$</p>
--	--

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
ABC MASTERCARD	CREDIT CARD	\$ 20.00	\$ 3,000.00	03/2008
CVA CAR MAKER	CAR PAYMENT	\$ 400.00	\$ 95,000.00	03/2008
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify) : \$
- b. The source of this money was (specify) :
- c. I still owe the following fees and costs to my attorney (specify total owed) : \$
- d. My attorney's hourly rate is (specify) : \$

I confirm this fee arrangement.

Date:

N/A _____
 (TYPE OR PRINT NAME OF ATTORNEY)

N/A _____
 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): **3** children under the age of 18 with the other parent in this case.
- b. The children spend **80** percent of their time with me and **20** 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.)
THE OTHER PARENT SEES THE CHILDREN ON THE 1ST, 3RD, AND 5TH WEEKEND OF EACH MONTH FROM SATURDAY AT 8:00 A.M. TO SUNDAY AT 5:00 P.M. ALSO SHARES 1/2 OF HOLIDAYS.

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: **INSURANCE COMPANY OF CALIFORNIA**
- c. Address of insurance company:
**123 INSURANCE STREET
INSURANCE, CA 91234**
- d. The monthly cost for the children's health insurance is or would be (specify): \$ **100.00**
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$ **575.00**
- b. Children's health care not covered by insurance \$ **100.00**
- c. Travel expenses for visitation \$ **0.00**
- d. Children's educational or other special needs (specify below): \$ **0.00**

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	\$ 0.00	0
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ 0.00	0
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ 0.00	0
(2) Names and ages of those children (specify):		

(3) Child support I receive for those children \$ **0.00**

The expenses listed in a, b and c create an extreme financial hardship because (explain):

IF YOU COMPLETE #19, YOU MUST LIST REASON(S) WHY YOU ARE EXPERIENCING FINANCIAL HARDSHIP.

20. Other information I want the court to know concerning support in my case (specify):

WRITE ANY OTHER ADDITIONAL INFORMATION YOU WANT THE COURT TO KNOW CONCERNING SUPPORT.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: 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 KERN COURT'S ADDRESSES) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: LEAVE BLANK
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): **2** 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 (oldest child if more than 1 child)	Place of birth CITY, STATE	Date of birth DATE OF BIRTH	Sex M or F
Period of residence DATE to present	Address ADDRESS, CITY & STATE <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) PERSON CHILD IS LIVING WITH <input type="checkbox"/> Confidential ADDRESS, CITY & STATE	Relationship MOM, DAD, or PARENTS
(MUST GIVE RESIDENCE INFORMATION FOR LAST 5 YEARS or IF CHILD IS LESS THAN 5 YEARS OLD, MUST GIVE RESIDENCE FROM BIRTH TO PRESENT)			
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 CHILD'S NAME (if more than 1 child) <input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.) (CHECK THIS BOX IF RESIDENCE INFORMATION FOR THIS CHILD IS SAME AS CHILD "a" AND LEAVE THIS CHILD'S RESIDENCE INFORMATION BLANK).			
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)	

(CHECK C or D IF NEEDED) to

- 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: PETITIONER'S NAME VS. RESPONDENT'S NAME	CASE NUMBER:
--	--------------

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

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

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				

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):

(IF YES IS CHECKED, COMPLETE BELOW)

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: **DATE YOU SIGN**

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.

USE THIS FORM AS AN ATTACHMENT IF THERE ARE MORE THAN 2 CHILDREN IN THE CASE

FL-105(A)/GC-120(A)

CASE NAME: PETITIONER'S NAME VS. RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
--	------------------------------------

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

c. Child's name CHILD'S NAME <input checked="" 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 CITY & STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M or F
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)		
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)		
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)		

Page _____ of _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: 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'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: CASE NUMBER (If applicable, provide): HEARING DATE: DATE OF HEARING HEARING TIME: TIME OF HEARING DEPT.: DEPARTMENT NUMBER
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 STREET ADDRESS
CITY, STATE, and ZIP CODE
3. I served a copy of the following documents (*specify*):
RESPONSIVE DECLARATION TO REQUEST FOR ORDER; UCCJEA; INCOME AND EXPENSE DECLARATION
(LIST THE NAMES OF ANY OTHER ATTACHMENTS TO THE RESPONSIVE DECLARATION TO REQUEST FOR ORDER)
 by enclosing them in an envelope AND **MARK EITHER "A" or "B"**
 - 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: **LIST THE NAME OF THE OTHER PARTY**
 - b. Address: **OTHER PARTY'S MAILING ADDRESS OR ATTORNEY**
CITY, STATE, and ZIP CODE
 - c. Date mailed: **DATE PAPERS ARE MAILED**
 - d. Place of mailing (*city and state*): **FROM WHICH 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: **SERVER DATE SIGNS**

PRINT SERVER'S NAME _____
 (TYPE OR PRINT NAME)

SERVER'S SIGNATURE _____
 (SIGNATURE OF PERSON COMPLETING THIS FORM)