

PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

The **Petition for Custody and Support of Minor Children** is used to start an action for custody, visitation, and child support only. If you are married and requesting spousal support or property orders, you will need to file a Petition for Dissolution, Legal Separation, or Annulment.

Use this packet when:

- The parents are married to each other and do not want to file for Dissolution, Legal Separation, or Nullity; or
- The parents signed a Declaration of Paternity (usually done at the hospital), *A copy of the Declaration of Paternity must be attached if you mark box 2.b. on the Petition.* You may obtain a copy of the Declaration at: www.childsup.ca.gov/resources/establishpaternity; or
- The parents are not married and have legally adopted a child together; or
- The Petitioner and Respondent have been determined to be the parents in a juvenile or governmental child support case. The case number must be listed.

HELPFUL WEBSITES

www.courts.ca.gov - State Court – free forms, information, etc.

www.kern.courts.ca.gov - Kern Court Website

www.kclawlib.org – Kern County Law Library

<http://leginfo.legislature.ca.gov> - Legislation/Codes

www.accesslaw.com – Forms, Cases, Codes

www.findlaw.com – Case Law

GETTING STARTED

1. Complete Forms:

1. **Required form** Summons (Parentage – Custody and Support) (FL-210)
2. **Required form** Petition for Custody and Support of Minor Children (FL-260)
3. **Required form** UCCJEA (Form-105); for additional children use Attachment to UCCJEA (Form-105(A))
4. **Optional form** Child Custody and Visitation (Parenting Time) Application Attachment (FL-311)

NOTE: If you need court orders for custody, visitation, or support you may also complete and file a **Request for Order** packet (ask for separate handout) or sign up for a Request for Order workshop at www.kern.courts.ca.gov/onlineservices/familylawworkshopschedules.

2. **Fee Waiver:** There is a fee to file this petition. If you are unable to pay the fee, you may be eligible for a fee waiver. You can use forms FW-001 Request to Waive Court Fees and FW-003 Order on Fee Waiver.

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:

1. Make **2** copies of each original for a total of **3** sets; and
2. Attach the following **blank** forms to the other parent's copy:
 - a. Response to Petition for Custody and Support of Minor Children (FL-270); and
 - b. UCCJEA (FL-105); and
 - c. And any additional optional forms

5. File the Forms:


Take the forms, copies, fee or fee waiver to the Family Law Division for filing. You are the Petitioner in this matter. Once you file the forms, you are called the **Petitioner**. **READ and NOTE the Standard Restraining Order on the back of the Summons.**

6. Serve the Respondent (other parent): Have a 3rd person (SERVER), 18 years or older and not a party or witness to the case personally deliver the documents to the Respondent. The server completes the Proof of Service of Summons (FL-115)

7. File the Proof of Service of Summons with the Family Law Clerk as soon as possible.

8. WAIT 30 DAYS

AFTER 30 DAYS



IF NO RESPONSE WAS FILED:

Within 90 days of filing, submit Default paperwork (separate handout). You may sign up for Default Workshop at

www.kern.courts.ca.gov/onlineservices/familylawworkshopschedules

IF RESPONSE WAS FILED:

1. File At-Issue Memorandum (separate handout/local form)
2. Family Centered Case Resolution (FCCR) conference will be set. At FCCR, judicial officer will set for Mandatory Settlement Conference.
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.
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

Superior Court of California, County of Kern
1215 Truxtun Avenue
Bakersfield, CA 93301
Branch Name: Metropolitan Justice Building
(661) 868-5393

Superior Court of California, County of Kern
132 East Coso Street
Ridgecrest, CA 93555
Branch Name: Ridgecrest
(760) 384-5900

Superior Court of California, County of Kern
325 Central Valley Highway
Shafter, CA 93263
Branch Name: Shafter-Wasco
(661) 746-7500

Superior Court of California, County of Kern
1773 Highway 58
Mojave, CA 93501
Branch Name: Mojave
(661) 824-7100

Superior Court of California, County of Kern
1122 Jefferson Street
Delano, CA 93215
Branch Name: Delano-McFarland
(661) 720-5800

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN, FAMILY LAW FACILITATOR, 1215 TRUXTUN AVE., BAKERSFIELD
CA 93301; WMFACIL@KERN.COURTS.CA.GOV

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

RESPONDENT'S NAME

You have been sued. Read the information below and on the next page.
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:

El nombre del demandante:

PETITIONER'S NAME

CASE NUMBER: (Número de caso)

LEAVE BLANK

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

If you do not file your *Response* on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: *The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

AVISO: *La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidia la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.*

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: *Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.*

[SEAL]

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

***SEE ATTACHED LIST OF KERN COUNTY SUPERIOR COURT ADDRESSES**

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

YOUR NAME
YOUR ADDRESS
CITY, STATE, ZIP CODE
YOUR PHONE NUMBER

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

STANDARD RESTRAINING ORDER
 (Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
 (Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR ADDRESS CITY: CITY STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: 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 KERN COURT MAILING ADDRESS: ADDRESSES CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: LEAVE BLANK
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

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

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
CHILD'S COMPLETE NAME	DATE OF BIRTH	AGE

LIST ELDEST CHILD FIRST

continued on Attachment 1.

COMPLETE NUMBER 2

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

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

Case number: _____ State: _____ Country (if not the United States): _____
 County: _____

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

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

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

CHECK BOXES FOR CUSTODY AND VISITATION

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

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

INDICATE HERE THE PROPOSED VISITATION YOU ARE REQUESTING OR ATTACH THE FORM FL-311.

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

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

NUMBER 4e-h ARE OPTIONAL. CHECK THE APPROPRIATE BOXES

Continued on Attachment 4h.

j. Other (specify):

5. **Fees and cost of litigation**

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

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

7. Other (specify):

INDICATE HERE ANY OTHER REQUESTS NOT INCLUDED ABOVE

8. I have read the restraining order on the back of the *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.

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

Date: DATE SIGNED

PRINT YOUR NAME _____

(TYPE OR PRINT NAME)



SIGN YOUR NAME _____

(SIGNATURE OF PETITIONER)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with a copy of this Petition.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR FIRST AND LAST NAME YOUR STREET ADDRESS CITY, STATE AND 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:	
(This section applies only to family law cases.) PETITIONER: YOUR NAME RESPONDENT: RESPONDENT'S NAME (OTHER PARTY) 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): 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 NAME OF CHILD #1	Place of birth CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
Oldest child first Period of residence 1/1/2012 to present Address 1215 TRUXTUN AVE, BAKERSFIELD, CA <input type="checkbox"/> Confidential 93301	Person child lived with (name and complete current address) JANE DOE 1215 TRUXTUNE AVE. <input type="checkbox"/> Confidential BAKERSFIELD, CA 93301	Relationship MOTHER	
BIRTH to 1/1/2012 Child's residence (City, State) 1234 L STREET BAKERSFIELD, CA 93301	Person child lived with (name and complete current address) JANE DOE - SAME AS CHILD JOHN DOE:1234 L STREET, BAKERSFIELD, CA 93301	PARENTS	
to Child's residence (City, State) **MUST GIVE ADDRESS FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**	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 NAME OF CHILD #2	Place of birth CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence 1/1/2012 to present Address ADDRESS FOR CHILD #2 IF DIFFERENT FROM CHILD #1 AND <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME OF PARENT CHILD LIVES WITH AND CURRENT ADDRESS <input type="checkbox"/> Confidential	Relationship FATHER	
*CHECK THIS BOX ONLY IF CHILD #2 LIVED WITH CHILD #1 FOR ALL DATES LISTED	Person child lived with (name and complete current address)		
to Child's residence (City, State) **MUST GIVE ADDRESS FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**	Person child lived with (name and complete current address)		
CHECK C OR D IF NEEDED	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: _____ LAST NAME VS LAST NAME	CASE NUMBER: LEAVE BLANK
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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 checked="" type="checkbox"/> Guardianship	BPB-XX-00XXXX	KCSC 1215 TRUXTUN AVE. BAKERSFIELD, CA 93301	N/A	NAME OF CHILD	OBJECTOR	DISMISSED
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 <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
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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 _____ YOUR SIGNATURE _____
 (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: LAST NAME VS LAST NAME	CASE NUMBER: LEAVE BLANK
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name NAME OF CHILD #3 <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 CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
Period of residence 1/1/12 to present	Present address ADDRESS FOR CHILD #3 IF DIFFERENT FROM CHILD #1 AND <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME OF PARENT CHILD LIVES WITH AND CURRENT ADDRESS <input type="checkbox"/> Confidential		Relationship FATHER
<input type="checkbox"/> *CHECK THIS BOX IF CHILD #3 LIVED WITH CHILD #1 FOR THE DATES LISTED		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)	
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)		
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)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

PETITIONER: YOUR NAME RESPONDENT: RESPONDENT'S NAME (OTHER PARTY) OTHER PARENT/PARTY:	CASE NUMBER: LEAVE BLANK
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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</u> (person who decides about health, education, etc.)	<u>Physical Custody to</u> (person with whom the child lives)
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.")

#2 - Petitioner's Respondent's Other Parent's/Party's parenting time (visitation) will be as follows:

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: YOUR NAME RESPONDENT: RESPONDENT'S NAME (OTHER PARTY) OTHER PARENT/PARTY:	CASE NUMBER: LEAVE BLANK
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#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 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: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: CASE NUMBER

CHECK BOXES

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
 - a. Family Law—Marriage/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
 - or-
 - b. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or-
 - c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
 - and
 - d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105) (5) Completed and blank *Financial Statement (Simplified)* (form FL-155)
 - (2) Completed and blank *Declaration of Disclosure* (form FL-140) (6) Completed and blank *Property Declaration* (form FL-160)
 - (3) Completed and blank *Schedule of Assets and Debts* (form FL-142) (7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
 - (4) Completed and blank *Income and Expense Declaration* (form FL-150) (8) Other (specify): **FL-311 (IF ATTACHED)**

2. Address where respondent was served:
ADDRESS WHERE DOCUMENTS WERE SERVED

3. I served the respondent by the following means (check proper boxes):
 - a. **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): **DATE RESPONDENT WAS SERVED** at (time): **TIME RESPONDENT WAS SERVED**
 - b. **Substituted service.** I left the copies with or in the presence of (name):
 who is (specify title or relationship to respondent):
 - (1) **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers.
 - (2) **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.

on (date): _____ at (time): _____

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

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

3. c. **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on *(date)*: from *(city)*:
- (1) with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2) to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. **Other** (*specify code section*):
 Continued on Attachment 3d.

4. **Person who served papers**

Name: NAME OF PERSON WHO SERVED THE DOCUMENTS

Address:

ADDRESS OF PERSON WHO SERVED DOCUMENTS

Telephone number: PHONE NUMBER OF PERSON WHO SERVED DOCUMENTS

This person is

- a. exempt from registration under Business and Professions Code section 22350(b).
- b. not a registered California process server.
- c. a registered California process server: an employee or an independent contractor
- (1) Registration no.:
- (2) County:
- d. **The fee** for service was (*specify*): \$
5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: DATE SIGNED

PRINTED NAME OF PERSON WHO SERVED DOCUMENTS

(NAME OF PERSON WHO SERVED PAPERS)

SIGNATURE OF PERSON WHO SERVED DOCUMENTS

(SIGNATURE OF PERSON WHO SERVED PAPERS)