How to Prepare the First Step of a Divorce

Print Clearly and Use Black Ink Only

If you want legal advice, contact a lawyer. You can get information about finding lawyers at the California Courts Online Self-Help Center www.courtinfo.ca.gov/selfhelp
or at the
California Legal Services Web site www.lawhelpcalifornia.org
or you can contact the local bar association.

Los Angeles County Bar	San Fernando Lawyer Referral	San Gabriel Lawyer Referral	Eastern Bar Association
213-243-1525	(818) 340-4529	626-442-6973	626-967-3115
www.lacba.org		www.sgvlawyer.org	

Revised Feb-06

EXPLANATION OF LEGAL CUSTODY AND PHYSICAL CUSTODY

LEGAL CUSTODY

Which parent do you want to make decisions about:

- Passport, Driver's license
- Medical
- Education

PHYSICAL CUSTODY

Which parent do you want to the children to live with most of the time?

VISITATION

What parent will have visitation? What specific days and hours do you want the parent that will have visitation to have with the child?

Petitioner = You Respondent = Other Parent
Joint = Both you and the other parent

Family Law Referrals	
Levitt and Quinn 1557 Beverly Blvd. L.A., CA 90026 (213) 482-1800 **Hours:** Thur 12:30 pm & Fri 8:am **Languages:** English and Spanish **Assistance with:** Divorce, Paternity, Guardianship, Grandparents' Rights. **Fees:** Initial cost $60. Sliding scale based on income	**Harriet Buhai Center for Family Law** 3250 Wilshire Blvd., #710, Los Angeles, CA 90012 (213) 388-7515 **Hours:** By appointment only **Languages:** English and Spanish **Assistance with:** Divorce, Paternity **Fees:** Initial cost of $20.

SUMMONS (Family Law)

CITACION (Derecho familiar)

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

Print Clearly

Use Black Ink

NOTICE TO RESPONDENT *(Name)* :
AVISO AL RESPONDEDOR (Nombre) :

Print the Other Person's Name

You are being sued. *Lo están demandando.*

Petitioner's name is:
Nombre del solicitante:

Print the Your Name

CASE NUMBER *(NUMERO DE CASO)* :
Leave Blank

You have 30 calendar days after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120 or FL-123) at the court and have a copy served on the petitioner. A letter or phone call will not protect you.	*Tiene 30 días corridos después de haber recibido la entrega legal de esta* Citación *y* Petición *para presentar una* Respuesta *(formulario FL-120 ó FL-123) ante la corte y efectuar la entrega legal de una copia al solicitante. Una carta o llamada telefónica no basta para protegerlo.*
If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form.	*Si no presenta su* Respuesta *a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales. Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas.*
If you want legal advice, contact a lawyer immediately. You can get information about finding lawyers at the California Courts Online Self-Help Center *(www.courtinfo.ca.gov/selfhelp)*, at the California Legal Services Web site *(www.lawhelpcalifornia.org)* , or by contacting your local county bar association.	*Si desea obtener asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar a 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.lawhelpcalifornia.org) o poniéndose en contacto con el colegio de abogados de su condado.*

NOTICE: The restraining orders on page 2 are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. These orders are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO: *Las órdenes de restricción que figuran en la página 2 valen para ambos cónyuges o pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier autoridad de la ley que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.*

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

Print the Court's Information

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

Print Your Name
Print Your Address
Print your City, State, and Zip Code **Print Your Phone #**

Date *(Fecha)* : Clerk, by *(Secretario, por)* **Leave Blank**, Deputy *(Asistente)*

[SEAL]	NOTICE TO THE PERSON SERVED: You are served *AVISO A LA PERSONA QUE RECIBIO LA ENTREGA: Esta entrega se realiza* a. [X] as an individual. *(a usted como individuo.)* b [ ] on behalf of respondent who is a *(en nombre de un respondedor que es)* : (1) [ ] minor *(menor de edad)* (2) [ ] ward or conservatee *(dependiente de la corte o pupilo)* (1) [ ] other *(specify) (otro - especifique)* : **(Read the reverse for important information.)** ***(Lea importante información al dorso.)***

Form Adopted for Mandatory Use
Judicial Council of California
FL-110 [Rev. January 1, 2005]
Mann Dean's Essential Forms TM

Family Code §§ 232, 233, 2040, 7700;
Code of Civil Procedure, §§ 412.20, 416.50-416.90
www.courtinfo.ca.gov

Sample Form Self Help

WARNING-IMPORTANT INFORMATION

WARNING: California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from

1. removing the minor child or children of the parties, if any, from the state without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor child or children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

ADVERTENCIA - INFORMACION IMPORTANTE

ADVERTENCIA: De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para los fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

ORDENES DE RESTRICCION NORMALES DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. *Llevarse del estado de California a los hijos menores de las partes, si los hubiere, sin el consentimiento previo por escrito de la otra parte o una orden de la corte;*
2. *Cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, tal como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);*
3. *Transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, con excepción las operaciones realizadas en el curso normal de actividades o para satisfacer las necesidades de la vida; y*
4. *Crear o modificar una transferencia no testamentaria de manera que afecte el destino de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.*

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto, por lo menos cinco días laborales antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado o para ayudarle a pagar los costos de la corte.

Sample Form Self Help

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:

Print Your Name
Print Your Address
Print your City, State, and Zip Code
TELEPHONE NO.: **Print Your Phone #** FAX NO. *(Optional)*:
E-MAIL ADDRESS *(Optional)*:
ATTORNEY FOR *(Name)*: **Self Represented**

FOR COURT USE ONLY

Print Clearly

Use Black Ink

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Los Angeles**
STREET ADDRESS: **Print the Court's Information**
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

MARRIAGE OF
PETITIONER: **Print the Your Name**
RESPONDENT: **Print the Other Person's Name**

CASE NUMBER: **Leave Blank**

PETITION FOR
[X] Dissolution of Marriage
[ ] Legal Separation
[ ] Nullity of Marriage [ ] AMENDED

1. RESIDENCE (Dissolution only) [X] Petitioner [ ] Respondent has been a
of this county for at least three months immediately preceding the filing of this *Petitio*

How long were you married? Print years and months.

2. STATISTICAL FACTS
   a. Date of marriage: **Date Married**
   b. Date of separation: **Date Separated**
   c. Time from date of marriage to date of separation *(specify)*:
   Years: Months:

3. DECLARATION REGARDING MINOR CHILDREN *(include children of this relationship born prior to or during the marriage or adopted during the marriage)*:
   a. [ ] There are no minor children.
   b. [ ] The minor children are:

Child's name	Birthdate	Age	Sex
List the first and last name of the kids you have together even those born before you got married.	**Birthdate**	**Age**	**Male or Female**

   [ ] Continued on Attachment 3b.
   c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
   d. [ ] A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY
   Petitioner requests that the assets and debts listed [X] in *Property Declaration* (from FL-160) [ ] in Attachment 4
   [ ] below be confirmed as separate property.

Item	Confirm to
You will list property and bills on the Property Declaration.	

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

Form Adopted for Mandatory Use
Judicial Council of California
FL-100 [Rev. January 1, 2005]
Martin Dean's Essential Forms TM

PETITION-MARRIAGE
(Family Law)

Family Code, §§ 2330, 3409;
www.courtinfo.ca.gov

Sample Form Self Help

MARRIAGE OF *(last name, first name of parties)* : - **Print your last name vs. the other person's last name**	CASE NUMBER:

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN
   a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
   b. ☒ All such assets and debts are listed ☒ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.
   ☐ below *(specify)* :

You will list property and bills on the Property Declaration Form.

6. Petitioner requests
   a. ☒ dissolution of the marriage based on
      (1) ☒ irreconcilable differences. (Fam. Code, §2310(a).)
      (2) ☐ incura
   b. ☐ legal separation
      (1) ☐ irrecon 310(a).)
      (2) ☐ incura
   c. ☐ nullity of void m
      (1) ☐ incest
      (2) ☐ bigam
   d. ☐ nullity of voidable marriage based on
      (1) ☐ petitioner's age at time of marriage. (Fam. Code, §2210(a).)
      (2) ☐ prior existing marriage. (Fam. Code, §2210(b).)
      (3) ☐ unsound mind. (Fam. Code, §2210(c).)
      (4) ☐ fraud. (Fam. Code, §2210(d).)
      force. (Fam. Code, §2210(e).)
      physical incapacity. (Fam. Code, §2210(f).)

Legal Custody
Means who makes the decisions about health, education & religion. Check off the one that you want.

Physical Custody
Means who you want the children to live with. Check off the one you want.

7. Petitioner requests tha estraining) and other orders as follows:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	☐	☐	☐	☐
b. Physical custody of children to	☐	☐	☐	☐
c. Child visitation be granted to	☐	☐		☐

   As requested in form: ☐ FL-311 ☐ FL-312 ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E) ☐ Attachment 7c.
   d. ☐ Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.
   e. Attorney fees and costs payable by ☐ ☐
   f. Spousal support payable to (earnings assignment will be issued) ☐ ☐
   g. ☒ Terminate the court's jurisdiction (ability) to award spousal support to Respondent.
   h. ☒ Property rights be determined.
   i. ☐ Petitioner's former name be restored to *(specify)* : **Print your First, Middle and Last Name that you want to change to.**
   j. ☐ Other *(specify)* :

If you have kids from this marriage that were born before you were married you MUST check box "d".

achment 7j.
or children born to or adopted by the Petitioner and Respondent before or during this marriage, the upport of the children upon request and submission of financial forms by the requesting party. An sued without further notice. Any party required to pay support must pay interest on overdue ch is currently 10 percent.

9. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY 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: **Today's Date**

Print Your Name (TYPE OR PRINT NAME) ▶ **Sign Your Name** (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY FOR PETITIONER)

NOTICE: Dissolution or legal separation may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay on death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance polices, retirement plans, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order (see Family Code sections 231-235).

Sample Form Self Help

PETITIONER/PLAINTIFF: **Print the Petitioner's Name** RESPONDENT/DEFENDANT: **Print the Respondent's Name**	CASE NUMBER:

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO ☒ **Petition, Response, Application for Order or Responsive Declaration** ☐ **Other** ***(specify):***
☐ **To be ordered now and effective until the hearing**

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

Child's Name	Date of Birth	Legal Custody to *(person who makes decisions about health, education, etc.)*	Physical Custody to *(person with whom the child lives)*
Print the Kid's Names	**Birthdate**	**Name of parent who will have legal custody. Print both parents if you want joint legal custody.**	**Name of parent who will have physical custody. Print both if you want joint physical custody**

2. ☒ **Visitation.**
   a. ☐ Reasonable right of 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 mediation at *(specify location):*
   d. ☐ No visitation
   e. ☐ Visitation for the ☐ petitioner ☐ respondent will be as follows:

   (1) ☐ **Weekends starting** *(date):*
   (The first weekend of the month is the first weekend with a Saturday.)
   ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of the month
   from _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m.
   to _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m.
   (a) ☐ The parents will alternate the fifth weekends, with the ☐ petitioner ☐ respondent having the initial fifth weekend, which starts *(date):*
   (b) ☐ The petitioner will have fifth weekends in ☐ odd ☐ even months.

   (2) ☐ **Alternate weekends starting** *(date)* :
   The ☐ petitioner ☐ respondent will have the children with him or her during the period
   from _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m.
   to _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m.

   (3) ☐ **Weekdays starting** *(date)* :
   The ☐ petitioner ☐ respondent will have the children with him or her during the period
   from _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m.
   to _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m.

   (4) ☐ **Other** *(specify days and times as well as any additional restrictions)*:

☐ See Attachment 2e(4).

Martin Dean's ESSENTIAL FORMS™

Sample Form Self Help

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.

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)* :

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)* :

Martin Dean's ESSENTIAL FORMS™
Sample Form Self Help

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Mailing Address):	TELEPHONE NO.: Print Your Phone	FOR COURT USE ONLY
Print Your Name Print Your Address Print the City, State and Zip Code ATTORNEY FOR (Name): Self Represented		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Print the Court's Information MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME: Print petitioner's last name vs. Respondent's last name		
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		CASE NUMBER: Leave Blank

1. I am a party to this proceeding to determine custody of a child.
2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.
3. (Number): **Number** of minor kids minor children are subject to this proceeding as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

Name of the oldest minor child.	Place of birth: Birthplace	Date of birth: Birthday	Sex: Sex

Period of residence	Address	Person child lived with (name and present address)	Relationship
to present	☐ Confidential		
to			
to			
to			
to			

Write Where, When, and with Whom the Child has been Living for the Past 5 Years, Start with Now and Work Backwards

b. Child's name: Second Child's name	Place of birth: Birthplace	Date of birth: Birthday	Sex: Sex
☒ Residence information is the same as given above for child a. *(If NOT the same, provide the information below.)*			

Period of residence	Address	Person child lived with (name and present address)	Relationship
to present	☐ Confidential		
to			
to			
to			

Mark the Box if the Children have Lived Together, if not Include Addresses and with whom Child has Lived with.

c. ☐ Additional children are listed on Attachment 3c. *(Provide requested information for additional children on an attachment.)*

Sample Form

SHORT TITLE:	CASE NUMBER:
Print Petitioner's last name vs. Respondent's last name	**(Leave Blank)**

4. Have you participated as a party or a witness or in some other cap California or elsewhere, concerning custody of a child subject to this proceeding?
☐ No ☐ Yes *(If yes, provide the following information:)*

If there is a past court order from Children's Court or a domestic violence restraining order or other court orders, Answer Yes and answer question a-d

a. Name of each child:

b. Capacity of declarant: ☐ party ☐ witness ☐ other *(specify)* :

c. Court *(specify name, state, location)* :

d. Court order or judgment *(date)* :

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?
☐ No ☒ Yes *(If yes, provide the following information:)*

Is there a pending custody case? If yes, answer yes and answer questions a-d.

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other *(specify)* :

c. Court *(specify name, state, location)* :

d. Status of proceeding:

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 subject to this proceeding?
☐ No ☐ Yes *(If yes, provide the following information:)*

Beside you or the other parent, has anyone else filed a court case for custody or visitation (grandparent)?

a. Name and address of person	b. Name and address of person	
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child	Name of each child	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: **Today's date**

Print your name
(TYPE OR PRINT NAME)

Sign your name
(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached after this page:

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.**

Sample Form

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	RESERVED FOR CLERK'S FILE STAMP
Print Your Name **Print Your Address** **Print your City, State, and Zip Code** TELEPHONE NO.: **Print Your Phone #** FAX NO.: ATTORNEY FOR (Name): **Self Represented**	Print Clearly Use Black Ink
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
COURTHOUSE ADDRESS: **Print the Court's Information**	
PETITIONER: **Print the Petitioner's Name**	You are the Petitioner
ADDRESS: CITY: STATE ZIP CODE **Print the Petitioner's Address**	
RESPONDENT: **Print the Respondent's Name**	You're Spouse is the Respondent
ADDRESS: CITY: STATE ZIP CODE **Print the Respondent's Address**	CASE NUMBER: **Leave Blank**
FAMILY LAW CASE COVER SHEET - CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO DISTRICT	RELATED CASES (IF ANY):

This form is required in all new Family Law cases in the Los Angeles Superior Court.
This form is not required in Abandonment & Emancipation cases, which are to be filed at Children's Court.

I. Fill in the requested information and estimated length of hearing expected for this case:

a) MINOR CHILDREN INVOLVED? ☐ YES HOW MANY? **How many kids under 18 of this marriage?** ☐ NO

b) Enter address of Respondent.

ADDRESS:	CITY:	STATE	ZIP CODE
Print the Responden't Address			

II. Select the correct district:

1) Under Column **1** below, check the one type of action which best describes the nature of this case.
2) In Column **2** below, circle the reason for your choice of district that applies to the type of action you have checked.

Applicable Reason for Choosing District (See Column 2 below)

1. May be filed in Central District.
2. District where one or more of the parties reside.
3. Child resides within the district.
4. District where Petitioner resides.

1	TYPE OF ACTION *(Check only one)*		2 APPLICABLE REASONS *(See above)*
☒	A5520	Dissolution of Marriage	1., 2.
☐	A5525	Summary Dissolution of Marriage	1., 2.
☐	A5521	Dissolution of Domestic Partnership	1., 2.
☐	A5530	Nullity of Void or Voidable Marriage	1., 2.
☐	A5531	Nullity of Void or Voidable Domestic Partnership	1., 2.
☐	A5510	Legal Separation	1., 2.
☐	A5511	Legal Separation of Domestic Partnership	1., 2.
☐	A5550	Petition for Custody and Support of Minor	1., 2., 3.
☐	A6131	Child Support Services Department (CSSD) Parentage/Support	1.
☐	A6135	Foreign Support Order	1., 2., 3.
☐	A6136	Foreign Custody Order	1., 2., 3.
☐	A6138	Uniform Interstate Family Support Act (UIFSA) Responding Petition	1., 2., 3.
☐	A6122	Domestic Violence Restraining Order (Civil Harassment - use Civil Cover Sheet)	(Any Court Jurisdiction - DV's only)
☐	A6600	Habeas Corpus Petition - Child Custody	1., 3.

(continued on reverse)

IN RE: THE MATTER OF:

(NAME) PETITIONER: **Print the Petitioner's Name**	CASE NUMBER: **Leave Blank**
(NAME) RESPONDENT: **Print the Respondent's Name**	RELATED CASES (IF ANY):

1	TYPE OF ACTION *(Check only one)*	2	APPLICABLE REASONS *(See above)*
☐ A6080	Petition to Establish Parentage / Paternity (Non-governmental)		1., 2., 3
☐ A6111	Approval of Minor's Contract (6751 Family Code)		1.
☐ A6130	Other Family Complaint or Petition (Specify):		1., 2., 3
☐ A6101	Agency Adoption		1., 4.
☐ A6102	Independent Adoption		1., 4.
☐ A6104	Stepparent Adoption		1., 4.
☐ A6103	Adult Adoption		1., 4.
☐ A6106	Sole Custody Petition		1., 4.

III. Enter address of minor child if known. ***(DO NOT COMPLETE UNLESS YOU HAVE CIRCLED ITEM 3 AS AN APPLICABLE REASON)***

ADDRESS:	CITY:	STATE	ZIP CODE

3) Enter the information below and sign the certificate.

Certificate / Declaration of Assignment: The undersigned hereby certifies and declares that the above entitled matter is properly filed for assignment to the **Court District** District of the Los Angeles Superior Court under §392 et seq., Code of Civil Procedure, 2300 et seq. of the Family Code, and Rule 2(b), (c) and (d) of this court for reason checked above. I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this declaration was executed on **Print the Date** .
(DATE)

Sign Your Name
(SIGNATURE OF ATTORNEY/PARTY WITHOUT ATTORNEY)

New Family Case Filing Instructions

This cover sheet form is required so that the court can assign your case to the correct court district for filing and hearing. It satisfies the requirement for a certificate as to reasons for authorizing filing in the district, as set forth in Los Angeles Superior Court Local Rule 2(d). It must be completed and submitted to the court along with the original Complaint or Petition in ALL Family cases filed in any district (including the Central District) of the Los Angeles County Superior Court.

PLEASE HAVE THE FOLLOWING DOCUMENTS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:

1. Original Complaint or Petition.
2. Original Summons (Dissolution, Legal Separation or Nullity only).
3. Original Family Law Case Cover Sheet.
4. Payment of filing fee or an Order of the Court waiving payment of filing fees in forma pauperis (fee waiver application forms available at the Forms Counter).
5. Except when applying for orders restraining or enjoining violence, petitioners who are minors under 18 years of age and otherwise not emancipated must have an Order of the Court appointing an adult as a guardian ad litem to act on their behalf (Guardian ad Litem Application and Order forms available at the Forms Counter).
6. Additional copies of documents provided to the Clerk will be conformed and returned to you if a self-addressed stamped envelope is provided.

Sample Form Self Help

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)

Print Your Name
Print Your Address
Print the City, State and Zip Code

TELEPHONE NO.: **Print Your Phone #** FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Self Represented**

NAME OF COURT: **Los Angeles Superior Court**

STREET ADDRESS: **Print the Court's Information**

MAILING ADDRESS

CITY AND ZIP CODE

BRANCH NAME

PLAINTIFF/PETITIONER: **Print Plaintiff/Petitioner's name**

DEFENDANT/RESPONDENT: **Print Defendant/Respondent's name**

FOR COURT USE ONLY

Bring Proof To Court With You

CASE NUMBER: **Print the case #, if you have one**

APPLICATION FOR
WAIVER OF COURT FEES AND COSTS

I request a court order so that I do not have to pay court fees and costs:

1. a. [X] I am *not* able to pay any of the court fees and costs.
   b. [ ] I am able to pay *only* the following court fees and costs *(specify)* :

If you are receiving Public assistance check number 4 and at least one of "a-d"

2. ... address is *(if applicable, include city or town, apartment no., if any, and zip code)*:
   same as above
3. ...er, and employer's address are *(specify)* : **Print Your Work Address, if you work**
   ...n, employer, and employer's address are *(specify)* :
4. ... assistance under one or more of the following programs:
   a. [ ] SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
   b. [ ] CalWORKS: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. [ ] Food Stamps: The Food Stamp Program
   d. [ ] County Relief, General Relief (G.R.), or General Assistance (G.A.)
5. *If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer ... ne box.*
   a. [ ] ... is *(specify)* :
   b. [ ] ...mber is *(specify)* :
   ... and my date of birth is *(specify)* :
   ...*at you give your social security number. However, if you don't give your ...st check box c and attach documents to verify the benefits checked in item 4.*]
   c. [ ] ...rify receipt of the benefits checked in item 4, if requested by the court.
   ...ion Sheet on Waiver of Court Fees and Costs, *available from the clerk's office, for a list of acceptable documents.*]

If you work, check this box to qualify to file your forms for free. You must complete question 9 on the back.

[*If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.*]

6. [ ] My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Cos...*

[*If you checked ... tems 8, 9a, 9d, 9f and 9g on the back of this form, and sign at the bottom of this side.*]

7. [ ] My incom... n necessaries of life for me and the people in my family whom I support and also pay ... *is box, you must complete the back of this form.*]

If you work but you earn more than on the information sheet, mark "7" and fill out the all of the next page.

WARNING: Yo... you become able to pay court fees or costs during this action. You may be ordered to a... ns about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: **Print the date**

Print your name (TYPE OR PRINT NAME) (Financial information on reverse) **Sign your name** (SIGNATURE)

PLAINTIFF/PETITIONER: **Print the Plaintiff/Petitioner's name**	CASE NUMBER
DEFENDANT/RESPONDENT: **Print the Defendant/Respondent's name**	**Print case #. if you have one**

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. [*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]

9. MY MONTHLY INCOME
   a. My gross monthly pay is: ..... $ _____
   b. My payroll deductions are (specify purpose
      (1) _____
      (2) _____
      (3) _____
      (4) _____
      My TOTA
   c. My month
      (a. minus
   d. Other mo
      amount:
      tal suppo
      ships, retirement or pensions, social security, disability,
      r quarters
      rest or royalty,
      me, net rental
      enses, and net
      The TOTAL amount of other money is: $ _____
      (*If more space is needed, attach page labeled Attachment 9d.*)
   e. MY TOTAL MONTHLY INCOME IS (*c. plus d.*): ..... $ _____
   f. Number of persons living in my home: _____
      Below list all the persons living in your home, inc
      spouse, who depend in whole or in part on you f
      or on whom you depend in whole or in part for s

	Name	Age	Relationship	
(1)				$
(2)				$
(3)				$
(4)				$
(5)				$

      The TOTAL amount of other money is: $ _____
      (*If more space is needed, attach page labeled Attachment 9f.*)
   g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS (*a. plus d. plus f.*): ..... $ _____

10. I own or have an interest in the following property:
   a. Cash ..... $ _____
   b. Checking, savings and credit union accounts (*list banks*):
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
   c. Cars, other vehicles, and boats (*list make, year, fair market value (FMV), and loan balance of each*):

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

   d. Real estate (*list address, estimated fair market value (FMV), and loan balance of each property*):

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

   e. Other personal property - jewelry, furniture, furs, stocks, bonds, etc. (*list separately*): $ _____

11. My monthly expenses not already listed in item 9b above are the following:
   a. Rent or house payment & maintenance $ _____
   b. Food and household supplies ..... $ _____
   c. Utilities and telephone ..... $ _____
   d. Clothing ..... $ _____
   e. Laundry and cleaning ..... $ _____
   f. Medical and dental payments ..... $ _____
   g. Insurance (life, health, accident, etc.) $ _____
   h. School, child care ..... $ _____
   i. Child, spousal support (prior marriage) $ _____
   j. Transportation and auto expenses (insurance, gas, repair) ..... $ _____
   k. Installment payments (specify *purpose and amount*):
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      (5) _____ $ _____
      The TOTAL amount of other monthly expenses is: ..... $ _____
   n. MY TOTAL MONTHLY EXPENSES ARE (*add a. through m.*): ..... $ _____

12. Other facts which support this application are (*describe un- enses for recent family emergen- cumstances or expenses to help the dget; if more space is needed, chment 12*):

If you marked #6 on the other page, fill out 9a-9g only. If you marked "7" on the other page, fill out this entire page.

9d. If you get any other money like unemployment benefits. Money from family. If you do NOT get any other

9f. Print name, age and relationship of everyone who lives with you and who depend on the family income. Also, if they have any income, write their income. If no income, put $0.

9g. Add up all your income and put the total on line "g"

WARNING: You must immediately tell the court if you becor s during this action. You may be ordered to appear in court and answer questions about y osts.

Sample Form

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Print Your Name
Print Your Address
Print the Ctiy, State and Zip Code
TELEPHONE NO.: **Print Your Phone #** FAX NO.:
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name): **Self Represented**

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Los Angeles**
STREET ADDRESS: **Print the Court's Information**
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PLAINTIFF/PETITIONER: **Print Plaintiff/Petitioner's Name**
DEFENDANT/RESPONDENT: **Print Defendant/Respondent's Name**

CASE NUMBER:

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on (date): ☐ A previous order was issued on (date):
2. The application was filed by (name): **Print your name**
3. ☐ IT
   a.
   b.
   c. paid.
   d. ny
   s:
   e.
   f.
4. ☐ IT
   of
   a.
   b.
   c.
   d.
5. ☐ IT
   a.
   b.
   c.
   d.

Fill out the top part of the form then leave the rest blank.

NOTICE
the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐ _____ JUDICIAL OFFICER ☐ Clerk, by _____, Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d)).

Form Adopted for Mandatory Use
Judicial Council of California
982(a)(18) [Rev. January 1, 2003]
Martin Dean's Essential Forms TM

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)

Sample Form

Government Code, § 68511.3;
Cal. Rules of Court, rule 985

PLAINTIFF/PETITIONER *(Name)*: **Print Petitioner's Name**	CASE NUMBER:
DEFENDANT/RESPONDENT *(Name)*: **Print Respondent's Name**	

4b ☐ Application is denied in whole or in part *(specify reasons)*:

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at *(place)*: **Leave Blank**, California, on *(date)*: **Leave Blank**

Leave Blank

Clerk, by **Leave Blank**, Deputy

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: **Leave Blank**

Clerk, by **Leave Blank**, Deputy

Sample Form Self Help

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Print Your Name **Print Your Address** **Print your City, State, and Zip Code** TELEPHONE NO.: **Print Your Phone #** FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): **Self Represented**	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Los Angeles** STREET ADDRESS: **Print the Court's Information** MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: **Print the Petitioner's Name** RESPONDENT: **Print the Respondent's Name**	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:

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. [X] Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)

   -or-

   b. [ ] Family Law- Domestic Partnership: *Petition-Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response - Domestic Partnership* (form FL-123)

   -or-

   c. [ ] 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-

   d. [ ] 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

   e. [X] (1) [ ] Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
   (2) [ ] Completed and blank *Declaration of Disclosure* (form FL-140)
   (3) [ ] Completed and blank *Schedule of Assets and Debts* (form FL-142)
   (4) [ ] Completed and blank *Income and Expense Declaration* (form FL-150)
   (5) [ ] Completed and blank *Financial Statement (Simplified)* (form FL-155)
   (6) [X] Completed and blank *Property Declaration* (form FL-160)
   (7) [ ] *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
   (8) [ ] Other *(specify)*:

2. Address where respondent was served:

   Print the Address where the other Person was given the Divorce Papers.

3. I served the respondent by the following means *(check proper box)*:
   a. [X] **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10)
   on *(date)*: **Print date papers were given** at *(time)*: **Print time papers were given**
   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

PETITIONER: **Print the Petitioner's Name**	CASE NUMBER:
RESPONDENT: **Print the Respondent's Name**	

3. b. *(cont.)* 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.

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 (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed *Notice and Acknowledgment of Receipt (Family Law)* (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.)

d. ☐ **Other** *(specify code section):*
☐ Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
a. ☒ As an individual **or**
b. ☐ On behalf of respondent who is a
(1) ☐ minor. (Code Civ. Proc., § 416.60.)
(2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)
(3) ☐ other *(specify)* :

5. Person who served papers
Name: **Print the Name of the Person who Gave the papers to the Respondent**
Address:
Print the Address of the Person who gave the papers to the Respondent.

Telephone number: **Print the phone # of the Person who gave the papers.**

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)* : $

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

-or-

7. ☐ **I am a California sheriff, marshal, or constable,** and I certify that the foregoing is true and correct.

Date: **Print the Date**

Name of person who gave the papers
(NAME OF PERSON WHO SERVED PAPERS)

Signature of person who gave papers
(SIGNATURE OF PERSON WHO SERVED PAPERS)

Sample Form Self Help