

| Cover Sheet:        | Petition to Establish Parental Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date:     | September 4, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Last Revision Date: | January 1, 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Purpose:            | These forms are used to start a Parentage case. Once filed, this case can be used to obtain orders for establishing parentage, child custody, child support and changing a child's name.                                                                                                                                                                                                                                                                                                                      |
| Assistance:         | Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday, and Friday mornings.                                                                                                                                                                                           |
| Required Forms:     | <ul> <li>All forms are Judicial Council forms, unless otherwise indicated:</li> <li>Summons, FL-210</li> <li>Petition to Establish Parental Relationship, FL-200</li> <li>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA), FL-105</li> <li>Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665</li> </ul>                                                                                                                                           |
| Optional Forms:     | This form is needed if your case involves assisted reproduction:  Confidential Cover Sheet—Parentage Action Involving Assisted Reproduction, FL-211                                                                                                                                                                                                                                                                                                                                                           |
| Filing Fee:         | There is a \$435 fee to file these documents. The current fee schedule may be found on the Court's website at: <a href="https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf">https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf</a> .                                                                                                                                                                                                                                                                  |
| Copies:             | Make two copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.                                                                                                                                                                                                                                                                                                                                                                              |
| Filing:             | All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)  Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.  Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person. |
| Next Steps:         | Filing these forms is the first step only. Seek legal assistance to determine the next steps to complete your case.                                                                                                                                                                                                                                                                                                                                                                                           |

### **SUMMONS**

# CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)
NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

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:

| ^ ^ Q E | NI IMBED: | (Número de caso)    |  |
|---------|-----------|---------------------|--|
| UHSE    | NUMBER.   | (INUITIETO DE CASO) |  |

(SOLO PARA USO DE LA CORTE)

FOR COURT USE ONLY

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 dias de calendario** después de habir 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 órden de protección que aparecen en la pagina 2 tontinuará en vigencia en cuanto a cada parte 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 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.

| 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 de demandante si no tiene abogado, son:) | Date (Fecha): | Clerk, by (Secretario, por)                                 | , Deputy (Asistente)      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------|---------------------------|
|                                                                                                                                                                                                                                      |               | attorney, are: (El nombre, la dirección y el número de tele |                           |
| 1. The name and address of the court are: (El nombre y dirección de la corte son:)                                                                                                                                                   | [SEAL]        | 1. The hame and address of the court are. (Et nombre y div  | section de la corte son.) |

Page 1 of 2

## 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** Necessita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es asi, 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.

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       | 1 L-20     |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------|------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY NAME:                                                      | STATE BAR NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | FOR COURT USE ONLY                    |            |
| FIRM NAME:                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| STREET ADDRESS:                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| CITY:                                                                                         | STATE: ZIP CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                       |            |
| TELEPHONE NO.:                                                                                | FAX NO.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                       |            |
| E-MAIL ADDRESS: ATTORNEY FOR (name):                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
|                                                                                               | NITY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | -                                     |            |
| SUPERIOR COURT OF CALIFORNIA, COU                                                             | NIT OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                       |            |
| MAILING ADDRESS:                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| CITY AND ZIP CODE:  BRANCH NAME:                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | -                                     |            |
| PETITIONER:                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| RESPONDENT:                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| PETITION TO DETERMIN                                                                          | E PARENTAL RELATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·IIР                 | CASE NUMBER:                          |            |
| The petitioner                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| a. gave birth to the children lis                                                             | ted in item 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                       |            |
|                                                                                               | a parent of the children in item 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | because (specify     | <i>(</i> ):                           |            |
| c. wants to be determined as                                                                  | not a parent of the children listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | in item 2 because    | se (specify):                         |            |
| d. is the child or the child's per                                                            | sonal representative (specify cou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ırt and date of ar   | ppointment):                          |            |
| e. Other (specify):                                                                           | ( <i>opcon</i> ) coo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ni ana aato en ap    | , com an only                         |            |
| 2. The children are                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| a. Child's name                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Birthdate</u>     | <u>Age</u>                            |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| b. a child who is not yet born.                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| <ul><li>3. The court has jurisdiction over the resp</li><li>a. lives in this state.</li></ul> | ondent because the respondent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                    |                                       |            |
|                                                                                               | is state, which resulted in conce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ption of the child   | ren listed in item 2.                 |            |
| c. Other (specify):                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                    |                                       |            |
| 4. The action is brought in this county be                                                    | ecause (vou must check one or r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nore to file in this | s county):                            |            |
| a the children live or are foun                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | , 5559).                              |            |
| b. a parent is deceased and p                                                                 | roceedings for administration of t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the estate have b    | peen or could be started in this cou  | ınty.      |
| 5. Petitioner claims (check all that apply                                                    | ) <i>:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                       |            |
| a. respondent is the parent of                                                                | the children listed in item 2 abov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e.                   |                                       |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | aternity. (Attach a copy if available | e.)        |
|                                                                                               | parent and has failed to support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | 6                                     |            |
| d (name):                                                                                     | na:<br>which the respondent as parent c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | furnishing the following reasonable   | e expenses |
| Amount Paya                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | For (specify)        |                                       |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                       |            |
| modellin annin                                                                                | مرازا والمرازات |                      |                                       |            |
| e. public assistance is being p  f. Other (specify):                                          | rovided to the children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                       |            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | . ((100 /54)                          |            |
| 6. A completed Declaration Under Unifo                                                        | rm Child Custody Jurisdiction an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a Entorcement A      | Act (UCCJEA)                          |            |

| PETITIONER:  RESPONDENT:                                                                                                                                                                                                                                                                                                                             | CASE NUMBER:                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Petitioner asks the court to make the determinations indicated below.                                                                                                                                                                                                                                                                                |                                                                           |
| 7. PARENT-CHILD RELATIONSHIP (check all that apply):  a. Petitioner Respondent is the parent of the children listed in item 2.  b. Petitioner Respondent is not the parent of the children listed in item c. Petitioner requests genetic testing to determine whether the Petitioner children listed in item 2.                                      | m 2.                                                                      |
| 8. CHILD CUSTODY AND VISITATION (PARENTING TIME) a. If Petitioner Respondent is found to be the parent of the children lister to Petitioner Research b. Legal custody of children to C. Physical custody of children to d. Child visitation (parenting time) be granted to form form form form form form form Contained in the attached declaration. | spondent Joint Other                                                      |
| 9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH Reasonable expenses of pregnancy Petitioner Responde and birth to be paid by as follows:                                                                                                                                                                                                               | ent Joint                                                                 |
| 10. FEES AND COSTS OF LITIGATION Petitioner a. Attorney fees to be paid by b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by                                                                                                                                                               | ent Joint                                                                 |
| 11. NAME CHANGE  Children's names be changed, according to Family Code section 7638, as follows:                                                                                                                                                                                                                                                     | s (specify old and new names):                                            |
| 12. CHILD SUPPORT  The court may make orders for support of the children and issue an earnings assignment.                                                                                                                                                                                                                                           | ent without further notice to either party.                               |
| 13. OTHER ORDERS REQUESTED (specify):                                                                                                                                                                                                                                                                                                                |                                                                           |
| 14. I have read the restraining order on the back of the <i>Summons</i> and I unde filed.                                                                                                                                                                                                                                                            | erstand it applies to me when this Petition is                            |
| I declare under penalty of perjury under the laws of the State of California that the foregoin Date:                                                                                                                                                                                                                                                 | g is true and correct.                                                    |
| <b>•</b>                                                                                                                                                                                                                                                                                                                                             |                                                                           |
| (TYPE OR PRINT NAME)  A blank Response to Petition to Determine Parental Relationship must be se                                                                                                                                                                                                                                                     | (SIGNATURE OF PETITIONER) erved on the respondent with this petition.     |
| NOTICE: If you have a child from this relationship, the court is required to order choth parents. Support normally continues until the child is 18. You should supply finances. Otherwise, the child support order will be based upon information suppl required to pay child support must pay interest on overdue amounts at the "legal"            | the court with information about your lied by the other parent. Any party |

| ATTO  | RNEY OR PARTY WIT                       | HOUT ATTORNEY        | STATE BAI                               | R NUMBER:      |                                         | FOR COU                                              | RT USE ONLY           |  |
|-------|-----------------------------------------|----------------------|-----------------------------------------|----------------|-----------------------------------------|------------------------------------------------------|-----------------------|--|
| NAME  | :                                       |                      |                                         |                |                                         |                                                      |                       |  |
| FIRM  | NAME:                                   |                      |                                         |                |                                         |                                                      |                       |  |
| STRE  | ET ADDRESS:                             |                      |                                         |                |                                         |                                                      |                       |  |
| CITY: |                                         |                      | STATE:                                  | ZIP CODE:      |                                         |                                                      |                       |  |
| TELE  | PHONE NO.:                              |                      | FAX NO.:                                |                |                                         |                                                      |                       |  |
| EMAIL | ADDRESS:                                |                      |                                         |                |                                         |                                                      |                       |  |
| АТТО  | RNEY FOR (name):                        |                      |                                         |                |                                         |                                                      |                       |  |
| SUP   | ERIOR COURT                             | OF CALIFORNIA, CO    | OUNTY OF                                |                |                                         |                                                      |                       |  |
| STR   | EET ADDRESS:                            | •                    |                                         |                |                                         |                                                      |                       |  |
| MAIL  | ING ADDRESS:                            |                      |                                         |                |                                         |                                                      |                       |  |
| CITY  | AND ZIP CODE:                           |                      |                                         |                |                                         |                                                      |                       |  |
| E     | RANCH NAME:                             |                      |                                         |                |                                         |                                                      |                       |  |
|       | (This s                                 | ection applies to c  | ases other than proba                   | te guardiansh  | ips.)                                   |                                                      |                       |  |
| R     | ESPONDENT:                              |                      |                                         |                |                                         |                                                      |                       |  |
|       |                                         |                      |                                         |                |                                         |                                                      |                       |  |
| 1     | THER PARTY:<br>_D'S NAME ( <i>Juv</i> e | enile cases only):   |                                         |                |                                         |                                                      |                       |  |
|       | (Th                                     | is section applies   | only to probate guardi                  | anship cases.  | )                                       | CASE NUMBER:                                         |                       |  |
| GUA   | RDIANSHIP OF                            |                      | -                                       | •              |                                         |                                                      |                       |  |
|       |                                         |                      |                                         |                | Mino                                    | or                                                   |                       |  |
|       | DEC                                     | LARATION UND         | DER UNIFORM CHI                         | LD CUSTO       | ΣY                                      |                                                      |                       |  |
|       | JURI                                    | SDICTION AND         | <b>ENFORCEMENT A</b>                    | CT (UCCJE      | Α)                                      |                                                      |                       |  |
| 1. I  | am (check one                           | ): a party t         | o this proceeding to de                 |                | -                                       | the authorized reports this proceeding to dete       |                       |  |
| 2. 1  | here are (spec                          | ify number):         | minor children v                        |                |                                         | eeding, as follows (list ol                          | •                     |  |
|       | Full Name                               |                      |                                         |                | f birth Place of birth (city and state) |                                                      |                       |  |
|       | a.                                      |                      |                                         |                |                                         |                                                      |                       |  |
|       | b.                                      |                      |                                         |                |                                         |                                                      |                       |  |
|       | C.                                      |                      |                                         |                |                                         |                                                      |                       |  |
|       | d.                                      |                      |                                         |                |                                         |                                                      |                       |  |
|       | Check this                              | s hox if you need to | o list more children. (O                | n form         | or a senara                             | te piece of paper, write '                           | 'FI -105 Attachment 2 |  |
| L     |                                         |                      |                                         |                |                                         | tional child, and attach to                          |                       |  |
| _     |                                         |                      | • • • • • • • • • • • • • • • • • • • • |                |                                         | ŕ                                                    | ,                     |  |
| 3. a  |                                         |                      | ,                                       |                |                                         | 2 have lived together fo                             |                       |  |
|       |                                         |                      |                                         |                |                                         | tory for the past five yea                           |                       |  |
|       |                                         |                      |                                         |                | •                                       | vide only the state of resi                          | dence.)               |  |
|       |                                         | of residence         | Residen                                 |                |                                         | child lived with and                                 | Relationship          |  |
|       | ,                                       | onth/Year)           | (City, Sta                              | ate)           | compie                                  | ete current address                                  | -                     |  |
|       | From:                                   | To present           |                                         |                |                                         |                                                      |                       |  |
|       |                                         |                      | Confidential (li                        | -1 -1-1        | Carefiel                                | antial (list state and )                             |                       |  |
|       | _                                       |                      | Confidential (lis                       | st state only) | Confide                                 | ential (list state only)                             |                       |  |
|       | From:                                   | To:                  |                                         |                |                                         |                                                      |                       |  |
|       | From:                                   | То:                  |                                         |                |                                         |                                                      |                       |  |
|       | From:                                   | То:                  |                                         |                |                                         |                                                      |                       |  |
|       | From:                                   | То:                  |                                         |                |                                         |                                                      |                       |  |
|       | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | nal addragas see     | listed on Attachment                    | 20 /Earm       | may h-                                  | used for this numero                                 |                       |  |
|       |                                         |                      | listed on Attachment                    | •              | -                                       | used for this purpose.)                              |                       |  |
| t     |                                         |                      |                                         |                |                                         | lived together for the patheir residence history for |                       |  |

Page 1 of 2

|    |                                                                                          |                    |                                                     |                                                                     |                        |                                       | FL                                                                                      | -105/GC-120   |  |  |
|----|------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------|---------------------------------------------------------------------|------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|---------------|--|--|
| C  | ASE NAME:                                                                                |                    |                                                     |                                                                     |                        | CASE NUMBER:                          |                                                                                         |               |  |  |
| 4. | Do you have information or custody or visitation p                                       | proceeding, in Ca  | you participated as a paralifornia or elsewhere, co | ncerning a chil                                                     | d subje                | ect to this procee                    | eding?                                                                                  | er court case |  |  |
|    | Proceeding                                                                               | Case number        | Court<br>(name, state or tribe,<br>location)        | Court order or judgment (date)                                      | Nam                    | ne of each child                      | Your connection to the case                                                             | Case status   |  |  |
|    | a. Family                                                                                |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | b. Probate Guardianship                                                                  |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | c. Other                                                                                 |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | Proceeding                                                                               |                    | Case Number                                         |                                                                     | Cou                    | urt (name, state                      | or tribe, location                                                                      | 7)            |  |  |
|    | d. Juvenile                                                                              |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | e. Adoption                                                                              |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
| 5. | One or more dome                                                                         | ollowing informati | straining/protective order ion):                    |                                                                     |                        |                                       | the orders if you                                                                       | ı have one    |  |  |
|    | Court                                                                                    | County             | State or Tribe                                      | Case                                                                | Case Number (if known) |                                       | Orders expire (date)                                                                    |               |  |  |
|    | a. Criminal                                                                              |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | b. Family                                                                                |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | c. Juvenile                                                                              |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | d. Other                                                                                 |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
| 6. | or visitation with any chi                                                               | ild in this case?  | party to this proceeding  Yes No                    | (If yes, prov                                                       |                        | tody of or claims<br>following inforn |                                                                                         | to custody of |  |  |
|    | a. Name and address of                                                                   | f person:          | b. Name and addres                                  | s of person:                                                        |                        | c. Name and                           | address of pers                                                                         | on:           |  |  |
|    |                                                                                          |                    |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
|    | Has physical customer Claims custody rigure Claims visitation rigure Name of each child: | ghts               | Claims custody                                      | Has physical custody Claims custody rights Claims visitation rights |                        |                                       | Has physical custody Claims custody rights Claims visitation rights Name of each child: |               |  |  |
|    | Traine or oden erina.                                                                    |                    | Traine of oden orma.                                |                                                                     |                        | Traine or sacr                        | i orma.                                                                                 |               |  |  |
| 7. | Number of pages                                                                          | attached:          |                                                     |                                                                     |                        |                                       |                                                                                         |               |  |  |
| Ιd | leclare under penalty of p                                                               | erjury under the   | laws of the State of Calif                          | ornia that the fo                                                   | oregoin                | ig is true and co                     | rrect.                                                                                  |               |  |  |
| Da | ate:                                                                                     |                    |                                                     | •                                                                   |                        |                                       |                                                                                         |               |  |  |
|    | (NAME C                                                                                  | OF DECLARANT)      |                                                     | <b>P</b> <sub>1</sub> · S                                           |                        | (SIGNATURE OF E                       | DECLARANT)                                                                              |               |  |  |

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.

# Important Notice about Access to Your Case

Court orders, minute orders, and child custody mediation reports are available online using our Public Case Access System. Access to court orders and minute orders provides you with information on what the court ordered in your case. Access to child custody mediation reports is necessary so that you know what child custody, visitation, or other suggestions the mediator recommended to the court.

To get secure access to your case online, you must complete and submit to the court the attached Family Law Case Participant Enrollment Form - Party, along with a copy of your driver's license, to create or update an account on our Public Case Access System. A separate form must be filed for each case or when you change your email address.

Once you complete the form, you may submit it in person at the courthouse at the public service counter or use the Drop Box. You may also submit it by US Mail at 3341 Power Inn Road, Sacramento, CA 95826.

Submitting the form as soon as possible is important because it may take two to five days to be processed from the date of receipt.

Once your access is set up you will receive an email letting you know that you are subscribed to your case. If you do not receive an email notifying you that you are subscribed to your case during the timeframes identified above, please inform the court using our Contact Us page at:

https://www.saccourt.ca.gov/contact.aspx

#### CONFIDENTIAL

| CASE PARTICIPANT NAME:                   |                                                   | FOR COURT USE ONLY |
|------------------------------------------|---------------------------------------------------|--------------------|
| STREET ADDRESS:                          |                                                   |                    |
| CITY/STATE/ZIP CODE:                     |                                                   |                    |
| TELEPHONE NO.:                           |                                                   |                    |
| E-MAIL ADDRESS (must be legible          | )                                                 |                    |
| SUPERIOR COURT OF CAL<br>STREET ADDRESS: | IFORNIA, COUNTY OF SACRAMENTO 3341 Power Inn Road |                    |
| CITY AND ZIP CODE:                       | Sacramento, CA 95826                              |                    |
| BRANCH NAME:                             | William R. Ridgeway Family Relations Courthouse   |                    |
| PETITIONER/PLA                           | INTIFF:                                           |                    |
| RESPONDENT/DEFE                          | NDANT:                                            |                    |
| CLA                                      | IMANT:                                            |                    |
| FAMILY LAW CAS                           | E PARTICIPANT ENROLLMENT FORM (PARTY)             | CASE NUMBER:       |
|                                          |                                                   |                    |

You may access orders for law and motion hearings, and mediation reports prepared by Family Court Services using the court's online Public Case Access System. Access is available at no charge from the time the court creates your case subscription.

#### **INSTRUCTIONS**

To setup your account you must:

- File this form with the court with a copy of your driver license or a state or federal issued photo identification card.
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.

| l,             | , request that the court create an account and/or subscription to my Family         |
|----------------|-------------------------------------------------------------------------------------|
| Law case.      |                                                                                     |
|                | I declare that my private email address is (must be legible):                       |
|                |                                                                                     |
|                | (Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3, and 8's) |
| I understand i | f I change my e-mail address I must file a new enrollment form with the court.      |

I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order. I must not disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (Petitioner/Respondent/Claimant), their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.

| dec | lare unde | er penal | ty of | perjury ι | ınder tl | he la | aws c | of the | State o | ot C | California t | that | the | foregoing | is true ar | nd correct. |
|-----|-----------|----------|-------|-----------|----------|-------|-------|--------|---------|------|--------------|------|-----|-----------|------------|-------------|
|-----|-----------|----------|-------|-----------|----------|-------|-------|--------|---------|------|--------------|------|-----|-----------|------------|-------------|

| Date:                |                          |
|----------------------|--------------------------|
|                      |                          |
| (TYPE OR PRINT NAME) | (SIGNATURE OF DECLARANT) |

| ATTORNEY OR PARTY WITHOUT ATTORNEY  NAME:  FIRM NAME:  STREET ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DR COURT USE ONLY |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| FIRM NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |
| STREET ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |
| CITY: STATE: ZIP CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |
| TELEPHONE NO.: FAX NO.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |
| EMAIL ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |
| ATTORNEY FOR (name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |
| STREET ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |
| MAILING ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |
| CITY AND ZIP CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |
| BRANCH NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |
| PETITIONER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| RESPONDENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| CASE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |
| CONFIDENTIAL COVER SHEET—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| PARENTAGE ACTION INVOLVING ASSISTED REPRODUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |
| TO THE COURT CLERK: The papers filed with this Confidential Cover Sheet and all subsequent p the case—other than the final judgment—must be maintained in a confidential                                                                                                                                                                                                                                                                                                                                                                 |                   |
| INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |
| Petitioner must                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |
| <ul> <li>a. complete items 1 and 2 to identify the matter as an action or proceeding to determine a pa involving assisted reproduction under Family Code section 7613 or 7630(f), or sections 79th.</li> <li>b. sign and date the form; and</li> <li>c. present the completed form as the cover sheet to the initial documents that are filed with the</li> </ul>                                                                                                                                                                        | 60–7962;          |
| LIMITATIONS ON INSPECTION AND COPYING OF RECORDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |
| All papers and records, other than the final judgment, pertaining to the action or proceeding are They are subject to inspection and copying only by                                                                                                                                                                                                                                                                                                                                                                                     | e confidential.   |
| a. the parties to the action or their attorneys;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |
| b. agents acting on a written authorization from the parties to the action;                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| c. agents acting on a written authorization of the attorneys for the parties  (Note: The agent's written authorization must state that the attorney obtained the consent of the party before authorizing the agent to inspect and copy the permanent record);                                                                                                                                                                                                                                                                            |                   |
| <ul> <li>d. any local child support agency, as defined in Family Code section 17000(h), for purposes establishing parentage and enforcing child support orders; and</li> </ul>                                                                                                                                                                                                                                                                                                                                                           | of                |
| e. all others by court order for good cause shown.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |
| <ol> <li>This action or proceeding to determine a parental relationship involves assisted reproduction under (special parental) a. Family Code section 7613 or 7630(f).</li> <li>Family Code sections 7960–7962.</li> <li>The following documents are being filed with this cover sheet (specify):         <ol> <li>Petition to Determine Parental Relationship (form FL-200)</li> <li>Stipulation for Entry of Judgment Re: Determination of Parental Relationship (form FL-240)</li> <li>Other (specify below):</li> </ol> </li> </ol> | ecify):           |
| o Out of (Specify below).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |

Page 1 of 1

(TYPE OR PRINT NAME)

Date:

(SIGNATURE OF PETITIONER OR PETITIONER'S ATTORNEY)