



JUDICIAL COUNCIL OF CALIFORNIA

455 Golden Gate Avenue · San Francisco, California 94102-3688

www.courts.ca.gov

REPORT TO THE JUDICIAL COUNCIL

Item No.: 21-092

For business meeting on May 21, 2021

Title

Rules and Forms: Miscellaneous Technical Changes

Agenda Item Type

Action Required

Effective Date

September 1, 2021

Date of Report

April 14, 2021

Contact

Anne M. Ronan, 415-865-8933
anne.ronan@jud.ca.gov

Rules, Forms, Standards, or Statutes Affected

Amend rules 4.574, 5.335, and 5.697; and revise forms ADOPT-200, CM-010, CM-110, EJ-155, FL-200, FL-220, FL-260, FL-278, FL-324(P), JV-101(A), JV-535(A), and PLD-050

Recommended by

Judicial Council staff
Anne M. Ronan, Supervising Attorney
Legal Services

Executive Summary

Various members of the judicial branch, members of the public, and Judicial Council staff have identified errors in the California Rules of Court and Judicial Council forms resulting from typographical errors and changes resulting from legislation, and previous rule amendments and form revisions. Judicial Council staff recommend making the necessary corrections to avoid causing confusion for court users, clerks, and judicial officers.

Recommendation

Judicial Council staff recommend that the Judicial Council, effective September 1, 2021:

1. Amend rule 4.574 of the California Rules of Court to change “reply” to “denial” to correct the name of the document cited in subdivision (b)(3);

2. Amend rule 5.335 of the California Rules of Court to replace former Family Code section 4945 with Family Code section 5700.506, the new version of the statute, in subdivision (a);
3. Amend rule 5.697 of the California Rules of Court to replace “agree with the continuation of” with “are in agreement with receiving court-ordered” in subdivision (e)(1)(D)(iv) and to delete “continued” in subdivision (v), where the rule addresses the social worker’s reporting requirements for a nonminor disposition hearing;
4. Revise *Adoption Request* (form ADOPT-200) to correct typographical errors on page 1 (item 2) by changing “This Adoption Request in” to “This Adoption Request is” and on page 5 (item 15h) by changing the cross-reference from “15d” to “15f”;
5. Revise *Civil Case Cover Sheet* (form CM-010) to add an item for an email address to the Attorney/Party box at the top left of the form and to revise *Case Management Statement* (form CM-110) and *General Denial* (form PLD-050) to remove the “Optional” instruction from the items for email address at the top left of each of those forms. These revisions are to bring the forms into compliance with California Rules of Court, rule 2.111, which requires the inclusion of an email address on papers filed with the trial court;
6. Revise *Exemptions from the Enforcement of Judgments* (form EJ-155) to include a new exemption, for Scholarshare (Higher Education Savings), added through legislation;
7. Revise *Petition to Determine Parental Relationship (Uniform Parentage)* (form FL-200), item 8d, to replace the incorrect reference to “Attachment 6c(1)” with “Attachment 8d”;
8. Revise *Response to Petition to Determine Parental Relationship (Uniform Parentage)* (form FL-220) to correct minor formatting errors and to replace the incorrect reference to “Attachment 6c(1)” with “Attachment 9c” in item 9c;
9. Revise *Petition for Custody and Support of Minor Children* (form FL-260), item 4i, to replace the incorrect reference to “Attachment 4h” with “Attachment 4i”;
10. Revise *Order After Hearing on Motion to Cancel (Set Aside) Judgment of Parentage* (form FL-278) on page 1 (item 6) to change “The Court Finds” to “The Court Orders” and on page 3 to renumber items 8, 9, and 10 as items 7, 8, and 9 to correct typographical errors;
11. Revise *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) to remove the reference to subdivision (d) in Family Code section 3200.5 at items 4 and 5 to mirror the references to that code section on form FL-324(NP);
12. Revise *Additional Children Attachment* (form JV-101(A)) to correct the lettering sequence in item 6 to “a.,” “b.,” and “c.” and to add “and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached” in item 6b to mirror the language in form JV-100 at item 6b;

13. Revise *Attachment to Order Designating Educational Rights Holder* (form JV-535(A)) to correct the typographical error on page 1 in the form’s footer by replacing “Form Approved for Mandatory Use” with “Form Adopted for Mandatory Use”; at item 9 on page 1 to move “to make” to precede the check box labeled “educational”; and at item 18 on page 2 to replace the incorrect references to “items 14 or 15” with “items 16 or 17.”

The text of the proposed amended rule and the revised forms are attached at pages 4–36.

Relevant Previous Council Action

Although the Judicial Council has acted on these rules and forms, this proposal recommends only minor corrections unrelated to any prior action.

Analysis/Rationale

The changes to these rules and forms are technical in nature and necessary to correct inadvertent omissions and incorrect references.

Policy implications

There are no policy implications to this proposal.

Comments

This proposal was not circulated for public comment because the changes are noncontroversial, involve technical revisions, and are therefore within the Judicial Council’s purview to adopt without circulation. (See Cal. Rules of Court, rule 10.22(d)(2).)

Alternatives considered

None.

Fiscal and Operational Impacts

Operational impacts are expected to be minor. The proposed revisions may result in reproduction costs if courts provide hard copies of any of the forms recommended for revision. Because the proposed changes are technical corrections, case management systems are unlikely to need updating to implement them.

Attachments and Links

1. Cal. Rules of Court, rules 4.574, 5.335, and 5.697, at pages 4–5
2. Forms ADOPT-200, CM-010, CM-110, EJ-155, FL-200, FL-220, FL-260, FL-278, FL-324(P), JV-101(A), JV-535(A), and PLD-050, at pages 6–36

1 **Rule 4.574. Proceedings following an order to show cause**

2
3 (a) * * *

4
5 (b) **Denial**

6
7 (1)–(2) * * *

8
9 (3) A copy of the ~~reply~~ denial and any supporting documents must be served on
10 the district attorney, the Attorney General, and on any assisting entity or
11 counsel.

12
13 (4) * * *

14
15 (c)–(g) * * *

16
17
18 **Rule 5.335. Procedures for hearings on interstate income withholding orders**

19
20 (a) **Purpose**

21
22 This rule provides a procedure for a hearing under Family Code section ~~4945~~
23 5700.506 in response to an income withholding order.

24
25 (b)–(g) * * *

26
27
28 **Rule 5.697. Disposition hearing for a nonminor (Welf. & Inst. Code, §§ 224.1, 295,**
29 **303, 358, 358.1, 361, 366.31, 390, 391)**

30
31 (a)–(d) * * *

32
33 (e) **Social study (§§ 358, 358.1)**

34
35 The petitioner must prepare a social study of the nonminor if the court proceeds to
36 a disposition hearing. The social study must include a discussion of all matters
37 relevant to disposition and a recommendation for disposition.

38
39 (1) The petitioner’s social study must include the following information:

40
41 (A)–(C) * * *

42
43 (D) If reunification services are being considered:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

(i)-(iii) * * *

(iv) Whether the nonminor and parent, parents, or guardian ~~agree~~
~~with the continuation of~~ are in agreement with receiving court-
ordered reunification services;

(v) Whether ~~continued~~ reunification services are in the best interest
of the nonminor; and

(vi) * * *

(E)-(N) * * *

(2) * * *

(f)-(h) * * *

ADOPT-200 Adoption Request

If you are adopting more than one child, fill out an adoption request for each child.

Clerk stamps date here when form is filed.

DRAFT
Not approved by
the Judicial Council

1 Adopting parent(s)

a. Name: _____

b. Name: _____

Relationship to child: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Lawyer (if any) (name, address, telephone numbers, e-mail address, and State Bar number):

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

2 County of filing

This *Adoption Request* is filed in this court because (check all that apply):

- The adopting parent or parents live in this county;
- The child was born in or the child now lives in this county;
- An office of the agency that placed the child for adoption is located in this county;
- An office of the department or public adoption agency that is investigating the request is located in this county;
- The placing birth parent or parents lived in this county when the adoptive placement agreement, consent, or relinquishment was signed;
- The placing birth parent or parents lived in this county when the request was filed;
- The child was freed for adoption in this county.

(Note: If the child is a dependent of the court, the *Adoption Request* must be filed in the county where the child was freed for adoption or the county where the adopting parent or parents reside. See Fam. Code, § 8714.)

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing Date

Hearing is set for:

Date: _____

Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

To the person served with this request: If you do not come to this hearing, the judge can order the adoption without your input.

3 Type of adoption

Check one of the following:

Agency (name): _____ Relative Nonrelative

Tribal customary adoption (attach tribal customary adoption order)

Independent: Relative Nonrelative Additional Parent(s)

Intercountry (name of agency): _____

Stepparent adoption

Stepparent adoption to confirm parentage. See form [ADOPT-050-INFO](#) to determine whether you are eligible for the stepparent adoption to confirm parentage process.

Joinder:

Joinder is being filed at same time as this *Adoption Request*.

Joinder will be filed.



Your name: _____

4 Information about the child

- a. The child's new name will be: _____
- b. Sex: Female Male Nonbinary
- c. Date of birth: _____ Age: _____
- d. Child's address (if different from address of adopting parent or parents):
 Street: _____ City: _____ State: _____ Zip: _____
- e. Place of birth (if known): City: _____ State: _____ Country: _____
- f. If the child is 12 or older, does the child agree to the adoption? Yes No
- g. Date child was placed in the physical care of the adopting parents: _____
- h. The child was conceived by assisted reproduction in compliance with Family Code section 7613.
- i. The child is a dependent of the court. Juvenile Case No. _____ County: _____

5 Child's name before adoption (fill out ONLY for independent, stepparent, or tribal customary adoption)

Child's name before adoption: _____

6 Birth parents

Names of birth parents, if known: _____

7 Legal guardianDoes the child have a legal guardian? Yes No (If yes, attach *Letters of Guardianship* and fill out below.)

- a. Date guardianship ordered: _____ c. Case number: _____
- b. County: _____

8 Inquiry and notice under the Indian Child Welfare Act

- a. The inquiry required under law to determine whether the child may be an Indian child has been made, and a completed *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
 Note: In agency adoptions, it is the responsibility of the agency to ensure that this inquiry is conducted and the form is made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- b. A completed version of *Parental Notification of Indian Status* (form ICWA-020) is attached OR a good faith attempt has been made to provide the form to the parents, Indian custodian, or guardian of the child and inform them that they are required to complete and submit the form to the court.
 Note: In agency adoptions, it is the responsibility of the agency to ensure that these forms are made part of the file. In independent adoptions, the adoption service provider, CDSS Regional Office, or delegated county adoption agency is responsible.
- c. There is **reason to know** that this child is an Indian child. Notice of the adoption request will be provided to the child's tribe or tribes, parents, Indian custodian, and the Bureau of Indian Affairs, using *Notice of Child Custody Proceeding for Indian Child* (form ICWA-030).

9 Adoption of an Indian child

- a. This is an adoption of an Indian child. The adopting parents have filled out and attached *Adoption of Indian Child* (form ADOPT-220) and will bring *Parent of Indian Child Agrees to End Parental Rights* (form ADOPT-225) to the hearing.
- b. This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.



Your name: _____

Case Number: _____

10 Agency adoption questions

- a. I/We have received information about the Adoption Assistance Program, the Regional Center, mental health services available through Medi-Cal or other programs, and federal and state tax credits that might be available.
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a county adoption agency or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services, and the time to revoke the relinquishment has expired or been waived. Yes No
If no, list the name and relationship to child of each person who has not signed the relinquishment form or whose time to revoke the relinquishment has not expired or been waived:

11 Independent adoption questions

- a. A copy of the Independent Adoptive Placement Agreement from the California Department of Social Services is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement or consent on the appropriate California Department of Social Services form. Yes No
(If no, list the name and relationship to child of each person who has not signed the agreement form):

- c. I/We will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.
- d. This is an independent adoption involving additional parent(s):
 - All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
 - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.

12 Stepparent adoption and confirmation of parentage questions

- a. The birth parent (name): _____ has signed a consent will sign a consent.
- b. The birth parent (name): _____ has signed a consent will sign a consent.
- c. The adopting parent married or entered into a registered domestic partnership with the legal parent on (date): _____
(For court use only. This does not affect social worker's recommendation. There is no waiting period.)

- d. I am seeking a stepparent adoption to confirm my parentage. At the time the child was born, I was married to or in a state-registered domestic partnership with the parent who gave birth or whose parentage was established through a gestational surrogacy process, and we remain in that union. See attached:
 - Form ADOPT-205, *Declaration Confirming Parentage in Stepparent Adoption*
 - Form ADOPT-206, *Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy*
 - Declaration describing the circumstances of the child's conception.
- e. The investigation or written report will be completed as follows (choose one):
 - I will choose someone to do an investigation or written report. I understand that the person I choose must be a licensed clinical social worker, a licensed marriage and family therapist, or work for a licensed private adoption agency. I will pay this person or agency directly.
 - I would like the court to choose someone to do an investigation. I understand that the court can charge me money for this investigation.
- f. This is a stepparent adoption involving an additional parent:
 - All persons with existing parental rights agree to this adoption and will maintain their existing parental rights.
 - An agreement waiving termination of parental rights, signed by both the existing parent(s) and the adopting parent(s) is attached.



Your name: _____

Case Number: _____

13 Intercountry adoption questions

- a. This adoption may be subject to the Hague Adoption Convention (*form [ADOPT-216](#) must be filed with this request*).
- b. This is an adoption conducted under the requirements of the Hague Adoption Convention and the child has already moved with the adopting parent(s) to another Hague Convention member country or will be moving at the conclusion of this adoption.
Child will be moving or has moved to (name of country): _____
Adopting parent(s): seek(s) a California adoption will be petitioning for a Hague Adoption Certificate
 will be seeking a Hague Custody Declaration.
- c. This is an intercountry adoption that was finalized in another country before the child entered the United States with the adopting parent(s).
Date the child entered the United States: _____
See form [ADOPT-050-INFO](#) for a list of documents to attach to this *Adoption Request*.

14 Contact after adoption

- Contact After Adoption Agreement* ([form ADOPT-310](#)) is attached will not be used
- will be filed at least 30 days before the adoption hearing is undecided at this time.
- This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

15 Consent for adoption

Complete all sections that apply to your adoption:

- a. The consent of the birth parent is not necessary because (*check the applicable reasons under Fam. Code, § 8606*):
 - (1) The parent has been judicially deprived of the custody and control of the child.
 - (2) The parent has voluntarily surrendered the right to custody and control of the child in a judicial proceeding in another jurisdiction, under a law of that jurisdiction providing for the surrender.
 - (3) The parent has deserted the child without providing information to identify the child.
 - (4) The parent has relinquished the child under Family Code section 8700.
 - (5) The parent has relinquished the child for adoption to a licensed or authorized child-placing agency in another jurisdiction.
- b. The child has a presumed parent under Family Code section 7611. The consent of the presumed parent is not required because:
 - (1) The presumed parent did not become a presumed parent before the mother's relinquishment or consent became irrevocable or the mother's parental rights were terminated. (Fam. Code, § 8604(a).)
 - (2) The presumed parent signed a Waiver of the Right to Further Notice of Adoption Proceedings pursuant to Family Code section 7660.5.
- c. Termination of parental rights of an alleged father is not required because:
 - (1) The relationship to the child was previously terminated or determined not to exist by a court.
 - (2) The alleged father was served as prescribed in Family Code section 7666 with a written notice of alleged parentage and the proposed adoption, and has failed to bring an action pursuant to **Family Code section 7630(c)** within 30 days of service of the notice or the birth of the child, whichever is later. (*Attach proof of notice to this Adoption Request.*)
 - (3) The alleged father has executed a written form to waive notice, deny parentage, relinquish the child for adoption, or consent to the adoption of the child.



Your name: _____

Case Number: _____

15 d. A court ended the parental rights of:
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____
(Enter the date of the court order ending parental rights and attach a copy of the order.)

e. The child is the subject of a tribal customary adoption order under Welfare and Institutions Code section 366.24, which has modified the parental rights of (attach a copy of the order):
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____
Name: _____ Relationship to child: _____ on (date): _____

f. I/We will ask the court to end the parental rights of (attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed):
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

g. Adopting parent has custody of the child by court order or by agreement with the other parent, and each of the following persons with parental rights has not contacted the child and has not paid for the child's care, support, and education for one year or more when able to do so. (Fam. Code, § 8604(b).)
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

h. The child has been abandoned as follows:
(1) The child has been left by the child's parent or parents with no way to identify the child.
(2) The child has been left in the custody of another person by both parents or the sole parent for six months without providing for the child's support, or without communication from the parent or parents, with the intent to abandon the child.
(3) One parent has left the child in the care and custody of the other parent for one year or longer without providing for the child's support or without communication from the parent, with the intent to abandon the child.

(If any of the above boxes are checked, adopting parent must also check item 15f and file an Application for Freedom From Parental Custody. See Fam. Code, § 7822(a).)

i. Each of the following persons with parental rights has died:
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

16 Suitability for adoption

Each adopting parent:

- a. Is at least 10 years older than the child or meets the criteria in Family Code section 8601(b);
- b. Will treat the child as their own;
- c. Will support and care for the child;
- d. Has a suitable home for the child; and
- e. Agrees to adopt the child.



Your name: _____

Case Number: _____

17 Requests to court


I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

I/We ask the court to date its order approving the adoption as of an earlier date (*date*): _____
for the following reason (Fam. Code, § 8601.5): _____

(Enter a date no earlier than the date parental rights were ended.)

This is a tribal customary adoption. I/We ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welfare and Institutions Code section 366.24.

18 If a lawyer is representing you in this case, the lawyer must sign here:

Date: _____ *Type or print lawyer's name*  _____ *Signature of lawyer for adopting parent(s)*

19 I declare under penalty of perjury under the laws of the State of California that the information in this form and all its attachments is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: _____ *Type or print your name*  _____ *Signature of adopting parent*

Date: _____ *Type or print your name*  _____ *Signature of adopting parent*

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 (English) or 1-800-300-0213 (Spanish).

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <h1 style="margin: 0;">DRAFT</h1> <h2 style="margin: 0;">03/15/21</h2> <h1 style="margin: 0;">NOT APPROVED BY JUDICIAL COUNCIL</h1>			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:				
CASE NAME:				
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> CIVIL CASE COVER SHEET <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) </td> <td style="width:33%; border: none;"> <input type="checkbox"/> Limited (Amount demanded is \$25,000) </td> <td style="width:33%; border: none;"> Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402) </td> </tr> </table>	CIVIL CASE COVER SHEET <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000)	<input type="checkbox"/> Limited (Amount demanded is \$25,000)	Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)	CASE NUMBER: JUDGE: DEPT.:
CIVIL CASE COVER SHEET <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000)	<input type="checkbox"/> Limited (Amount demanded is \$25,000)	Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)		

Items 1–6 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

Auto Tort <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) Non-PI/PD/WD (Other) Tort <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) Employment <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	Contract <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) Real Property <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) Unlawful Detainer <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) Judicial Review <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) Enforcement of Judgment <input type="checkbox"/> Enforcement of judgment (20) Miscellaneous Civil Complaint <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (<i>not specified above</i>) (42) Miscellaneous Civil Petition <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (<i>not specified above</i>) (43)
--	--	--

2. This case is is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:

a. <input type="checkbox"/> Large number of separately represented parties b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve c. <input type="checkbox"/> Substantial amount of documentary evidence	d. <input type="checkbox"/> Large number of witnesses e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court f. <input type="checkbox"/> Substantial postjudgment judicial supervision
--	--

3. Remedies sought (*check all that apply*): a. monetary b. nonmonetary; declaratory or injunctive relief c. punitive

4. Number of causes of action (*specify*): _____

5. This case is is not a class action suit.

6. If there are any known related cases, file and serve a notice of related case. (*You may use form CM-015.*)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i></p> <p>TELEPHONE NO.: FAX NO. <i>(Optional):</i></p> <p>E-MAIL ADDRESS:</p> <p>ATTORNEY FOR <i>(Name):</i></p>	<p>FOR COURT USE ONLY</p> <p style="font-size: 1.2em;">DRAFT</p> <p style="font-size: 1.2em;">04/13/21</p> <p style="font-size: 1.2em;">NOT APPROVED BY</p> <p style="font-size: 1.2em;">JUDICIAL COUNCIL</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>PLAINTIFF/PETITIONER:</p> <p>DEFENDANT/RESPONDENT:</p>	
<p style="text-align: center;">CASE MANAGEMENT STATEMENT</p> <p>(Check one): <input type="checkbox"/> UNLIMITED CASE <input type="checkbox"/> LIMITED CASE (Amount demanded exceeds \$25,000) (Amount demanded is \$25,000 or less)</p>	<p>CASE NUMBER:</p>
<p>A CASE MANAGEMENT CONFERENCE is scheduled as follows:</p> <p>Date: Time: Dept.: Div.: Room:</p> <p>Address of court <i>(if different from the address above):</i></p> <p><input type="checkbox"/> Notice of Intent to Appear by Telephone, by <i>(name)</i>:</p>	

INSTRUCTIONS: All applicable boxes must be checked, and the specified information must be provided.

1. **Party or parties** *(answer one):*
 - a. This statement is submitted by party *(name)*:
 - b. This statement is submitted **jointly** by parties *(names)*:
2. **Complaint and cross-complaint** *(to be answered by plaintiffs and cross-complainants only)*
 - a. The complaint was filed on *(date)*:
 - b. The cross-complaint, if any, was filed on *(date)*:
3. **Service** *(to be answered by plaintiffs and cross-complainants only)*
 - a. All parties named in the complaint and cross-complaint have been served, have appeared, or have been dismissed.
 - b. The following parties named in the complaint or cross-complaint
 - (1) have not been served *(specify names and explain why not)*:
 - (2) have been served but have not appeared and have not been dismissed *(specify names)*:
 - (3) have had a default entered against them *(specify names)*:
 - c. The following additional parties may be added *(specify names, nature of involvement in case, and date by which they may be served)*:

4. **Description of case**
 - a. Type of case in complaint cross-complaint *(Describe, including causes of action):*

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

4. b. Provide a brief statement of the case, including any damages. *(If personal injury damages are sought, specify the injury and damages claimed, including medical expenses to date [indicate source and amount], estimated future medical expenses, lost earnings to date, and estimated future lost earnings. If equitable relief is sought, describe the nature of the relief.)*

(If more space is needed, check this box and attach a page designated as Attachment 4b.)

5. **Jury or nonjury trial**

The party or parties request a jury trial a nonjury trial. *(If more than one party, provide the name of each party requesting a jury trial):*

6. **Trial date**

- a. The trial has been set for *(date)*:
- b. No trial date has been set. This case will be ready for trial within 12 months of the date of the filing of the complaint *(if not, explain)*:

c. Dates on which parties or attorneys will not be available for trial *(specify dates and explain reasons for unavailability)*:

7. **Estimated length of trial**

The party or parties estimate that the trial will take *(check one)*:

- a. days *(specify number)*:
- b. hours (short causes) *(specify)*:

8. **Trial representation (to be answered for each party)**

The party or parties will be represented at trial by the attorney or party listed in the caption by the following:

- a. Attorney:
- b. Firm:
- c. Address:
- d. Telephone number:
- e. E-mail address:
- f. Fax number:
- g. Party represented:

Additional representation is described in Attachment 8.

9. **Preference**

This case is entitled to preference *(specify code section)*:

10. **Alternative dispute resolution (ADR)**

a. **ADR information package.** Please note that different ADR processes are available in different courts and communities; read the ADR information package provided by the court under rule 3.221 of the California Rules of Court for information about the processes available through the court and community programs in this case.

- (1) For parties represented by counsel: Counsel has has not provided the ADR information package identified in rule 3.221 to the client and reviewed ADR options with the client.
- (2) For self-represented parties: Party has has not reviewed the ADR information package identified in rule 3.221.

b. **Referral to judicial arbitration or civil action mediation (if available).**

- (1) This matter is subject to mandatory judicial arbitration under Code of Civil Procedure section 1141.11 or to civil action mediation under Code of Civil Procedure section 1775.3 because the amount in controversy does not exceed the statutory limit.
- (2) Plaintiff elects to refer this case to judicial arbitration and agrees to limit recovery to the amount specified in Code of Civil Procedure section 1141.11.
- (3) This case is exempt from judicial arbitration under rule 3.811 of the California Rules of Court or from civil action mediation under Code of Civil Procedure section 1775 et seq. *(specify exemption)*:

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

10. c. Indicate the ADR process or processes that the party or parties are willing to participate in, have agreed to participate in, or have already participated in (*check all that apply and provide the specified information*):

	The party or parties completing this form are willing to participate in the following ADR processes (<i>check all that apply</i>):	If the party or parties completing this form in the case have agreed to participate in or have already completed an ADR process or processes, indicate the status of the processes (<i>attach a copy of the parties' ADR stipulation</i>):
(1) Mediation	<input type="checkbox"/>	<input type="checkbox"/> Mediation session not yet scheduled <input type="checkbox"/> Mediation session scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete mediation by (<i>date</i>): <input type="checkbox"/> Mediation completed on (<i>date</i>):
(2) Settlement conference	<input type="checkbox"/>	<input type="checkbox"/> Settlement conference not yet scheduled <input type="checkbox"/> Settlement conference scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete settlement conference by (<i>date</i>): <input type="checkbox"/> Settlement conference completed on (<i>date</i>):
(3) Neutral evaluation	<input type="checkbox"/>	<input type="checkbox"/> Neutral evaluation not yet scheduled <input type="checkbox"/> Neutral evaluation scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete neutral evaluation by (<i>date</i>): <input type="checkbox"/> Neutral evaluation completed on (<i>date</i>):
(4) Nonbinding judicial arbitration	<input type="checkbox"/>	<input type="checkbox"/> Judicial arbitration not yet scheduled <input type="checkbox"/> Judicial arbitration scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete judicial arbitration by (<i>date</i>): <input type="checkbox"/> Judicial arbitration completed on (<i>date</i>):
(5) Binding private arbitration	<input type="checkbox"/>	<input type="checkbox"/> Private arbitration not yet scheduled <input type="checkbox"/> Private arbitration scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete private arbitration by (<i>date</i>): <input type="checkbox"/> Private arbitration completed on (<i>date</i>):
(6) Other (<i>specify</i>):	<input type="checkbox"/>	<input type="checkbox"/> ADR session not yet scheduled <input type="checkbox"/> ADR session scheduled for (<i>date</i>): <input type="checkbox"/> Agreed to complete ADR session by (<i>date</i>): <input type="checkbox"/> ADR completed on (<i>date</i>):

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

11. Insurance

- a. Insurance carrier, if any, for party filing this statement (*name*):
- b. Reservation of rights: Yes No
- c. Coverage issues will significantly affect resolution of this case (*explain*):

12. Jurisdiction

Indicate any matters that may affect the court's jurisdiction or processing of this case and describe the status.

Bankruptcy Other (*specify*):

Status:

13. Related cases, consolidation, and coordination

- a. There are companion, underlying, or related cases.
 - (1) Name of case:
 - (2) Name of court:
 - (3) Case number:
 - (4) Status:
- Additional cases are described in Attachment 13a.
- b. A motion to consolidate coordinate will be filed by (*name party*):

14. Bifurcation

The party or parties intend to file a motion for an order bifurcating, severing, or coordinating the following issues or causes of action (*specify moving party, type of motion, and reasons*):

15. Other motions

The party or parties expect to file the following motions before trial (*specify moving party, type of motion, and issues*):

16. Discovery

- a. The party or parties have completed all discovery.
- b. The following discovery will be completed by the date specified (*describe all anticipated discovery*):

<u>Party</u>	<u>Description</u>	<u>Date</u>
--------------	--------------------	-------------

- c. The following discovery issues, including issues regarding the discovery of electronically stored information, are anticipated (*specify*):

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

17. Economic litigation

- a. This is a limited civil case (i.e., the amount demanded is \$25,000 or less) and the economic litigation procedures in Code of Civil Procedure sections 90-98 will apply to this case.
- b. This is a limited civil case and a motion to withdraw the case from the economic litigation procedures or for additional discovery will be filed (if checked, explain specifically why economic litigation procedures relating to discovery or trial should not apply to this case):

18. Other issues

- The party or parties request that the following additional matters be considered or determined at the case management conference (specify):

19. Meet and confer

- a. The party or parties have met and conferred with all parties on all subjects required by rule 3.724 of the California Rules of Court (if not, explain):
- b. After meeting and conferring as required by rule 3.724 of the California Rules of Court, the parties agree on the following (specify):

20. Total number of pages attached (if any): _____

I am completely familiar with this case and will be fully prepared to discuss the status of discovery and alternative dispute resolution, as well as other issues raised by this statement, and will possess the authority to enter into stipulations on these issues at the time of the case management conference, including the written authority of the party where required.

Date:

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PARTY OR ATTORNEY)

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PARTY OR ATTORNEY)

Additional signatures are attached.

To Plaintiffs and Others Filing First Papers. If you are filing a first paper (for example, a complaint) in a civil case, you **must** complete and file, along with your first paper, the Civil Case Cover Sheet contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check **one** box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

To Parties in Rule 3.740 Collections Cases. A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than \$25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

To Parties in Complex Cases. In complex cases only, parties must also use the Civil Case Cover Sheet to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

CASE TYPES AND EXAMPLES

Auto Tort

Auto (22)–Personal Injury/Property Damage/Wrongful Death
Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

Asbestos (04)
Asbestos Property Damage
Asbestos Personal Injury/Wrongful Death
Product Liability (*not asbestos or toxic/environmental*) (24)
Medical Malpractice (45)
Medical Malpractice–Physicians & Surgeons
Other Professional Health Care Malpractice
Other PI/PD/WD (23)
Premises Liability (e.g., slip and fall)
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
Intentional Infliction of Emotional Distress
Negligent Infliction of Emotional Distress
Other PI/PD/WD

Non-PI/PD/WD (Other) Tort

Business Tort/Unfair Business Practice (07)
Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*) (08)
Defamation (e.g., slander, libel) (13)
Fraud (16)
Intellectual Property (19)
Professional Negligence (25)
Legal Malpractice
Other Professional Malpractice (*not medical or legal*)
Other Non-PI/PD/WD Tort (35)

Employment

Wrongful Termination (36)
Other Employment (15)

Contract

Breach of Contract/Warranty (06)
Breach of Rental/Lease
Contract (*not unlawful detainer or wrongful eviction*)
Contract/Warranty Breach–Seller Plaintiff (*not fraud or negligence*)
Negligent Breach of Contract/Warranty
Other Breach of Contract/Warranty
Collections (e.g., money owed, open book accounts) (09)
Collection Case–Seller Plaintiff
Other Promissory Note/Collections Case
Insurance Coverage (*not provisionally complex*) (18)
Auto Subrogation
Other Coverage
Other Contract (37)
Contractual Fraud
Other Contract Dispute

Real Property

Eminent Domain/Inverse Condemnation (14)
Wrongful Eviction (33)
Other Real Property (e.g., quiet title) (26)
Writ of Possession of Real Property
Mortgage Foreclosure
Quiet Title
Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)

Unlawful Detainer

Commercial (31)
Residential (32)
Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential*)

Judicial Review

Asset Forfeiture (05)
Petition Re: Arbitration Award (11)
Writ of Mandate (02)
Writ–Administrative Mandamus
Writ–Mandamus on Limited Court Case Matter
Writ–Other Limited Court Case Review
Other Judicial Review (39)
Review of Health Officer Order
Notice of Appeal–Labor Commissioner Appeals

Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400–3.403)

Antitrust/Trade Regulation (03)
Construction Defect (10)
Claims Involving Mass Tort (40)
Securities Litigation (28)
Environmental/Toxic Tort (30)
Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

Enforcement of Judgment

Enforcement of Judgment (20)
Abstract of Judgment (Out of County)
Confession of Judgment (*non-domestic relations*)
Sister State Judgment
Administrative Agency Award (*not unpaid taxes*)
Petition/Certification of Entry of Judgment on Unpaid Taxes
Other Enforcement of Judgment Case

Miscellaneous Civil Complaint

RICO (27)
Other Complaint (*not specified above*) (42)
Declaratory Relief Only
Injunctive Relief Only (*non-harassment*)
Mechanics Lien
Other Commercial Complaint Case (*non-tort/non-complex*)
Other Civil Complaint (*non-tort/non-complex*)

Miscellaneous Civil Petition

Partnership and Corporate Governance (21)
Other Petition (*not specified above*) (43)
Civil Harassment
Workplace Violence
Elder/Dependent Adult Abuse
Election Contest
Petition for Name Change
Petition for Relief From Late Claim
Other Civil Petition

EXEMPTIONS FROM THE ENFORCEMENT OF JUDGMENTS

The following is a list of assets that may be exempt from levy in enforcing a judgment.

Exemptions are found in the United States Code (**USC**) and in the California codes, primarily the Code of Civil Procedure (**CCP**).

Because of periodic changes in the law, the list may not include all exemptions that apply in your case. The exemptions may not apply in full or under all circumstances. Some are not available after a certain period of time. You or your attorney should read the statutes.

If you believe the assets that are being levied on are exempt, file the claim of exemption form that you received with the *Notice of Levy* packet.

AMOUNT OF EXEMPTIONS: For the exemption amount, please refer to the code section listed below for each type of property. The current amounts of certain exemptions are listed in *Current Dollar Amounts of Exemptions From Enforcement of Judgments* (form EJ-156). The amounts of some of the exemptions are amended every three years and become effective immediately on April 1 under the provisions of Code of Civil Procedure section 703.150.

<u>Type of Property</u>	<u>Code and Section</u>	<u>Type of Property</u>	<u>Code and Section</u>
ABLE Accounts	Welf & I C § 4880(c)	Benefit Payments (<i>cont.</i>)	
Accounts (<i>See Deposit Accounts</i>)		Relocation Benefits	CCP § 704.180
Appliances	CCP § 704.020	Retirement Benefits	
Art and Heirlooms	CCP § 704.040	and Contributions:	
Automobiles	CCP § 704.010	Private	CCP § 704.115
BART District Benefits	CCP § 704.110	Public	CCP § 704.110
	Pub Util C § 28896	Segregated Benefit Funds	Ins C § 10498.5
Benefit Payments:		Social Security Benefits	42 USC § 407
BART District Benefits	CCP § 704.110	Strike Benefits	CCP § 704.120
	Pub Util C § 28896	Supplemental Security Income	42 USC § 1383
Charity	CCP § 704.170		42 USC § 407(d)
Civil Service Retirement		Transit District Retirement	
Benefits (Federal)	5 USC § 8346	Benefits (Alameda and	
County Employees		Contra Costa Counties)	CCP § 704.110
Retirement Benefits	CCP § 704.110		Pub Util C § 25337
	Govt C § 31452	Unemployment Benefits	
Disability Insurance Benefits	CCP § 704.130	and Contributions	CCP § 704.120
Fire Service Retirement		Veterans Benefits	38 USC § 5301
Benefits	CCP § 704.110	Veterans Medal of Honor	
	Govt C § 32210	Benefits	38 USC § 1562
Fraternal Organization		Welfare Payments	CCP § 704.170
Funds Benefits	CCP § 704.130		Welf & I C § 17409
	CCP § 704.170	Workers Compensation	CCP § 704.160
Health Insurance Benefits	CCP § 704.130	Boats	CCP § 704.060
Irrigation System			CCP § 704.710
Retirement Benefits	CCP § 704.110	Books	CCP § 704.060
Judges Survivors Benefits		Building Materials (Residential)	CCP § 704.030
(Federal)	28 USC § 376(n)	Business:	
Legislators Retirement		Licenses	CCP § 695.060
Benefits	CCP § 704.110		CCP § 699.720(a)(1)
	Govt C § 9359.3	Tools of Trade	CCP § 704.060
Life Insurance Benefits:		Cars and Trucks (including	
Group	CCP § 704. 100	proceeds)	CCP § 704.010
Individual	CCP § 704. 100	Cash	CCP § 704.070
Lighthouse Keepers		Cemeteries:	
Surviving Spouses Benefits	33 USC § 775	Land Proceeds	Health & SC § 7925
Longshore & Harbor Workers		Plots	CCP § 704.200
Compensation or Benefits	33 USC § 916	Charity	CCP § 704.170
Military Benefits:		Claims, Actions and Awards:	
Retirement	10 USC § 1440	Personal Injury	CCP § 704.140
Survivors	10 USC § 1450	Worker's Compensation	CCP § 704.160
Municipal Utility District		Wrongful Death	CCP § 704.150
Retirement Benefits	CCP § 704.110	Clothing	CCP § 704.020
	Pub Util C § 12337	Condemnation Proceeds	CCP § 704.720(b)
Peace Officers Retirement		County Employees Retirement	
Benefits	CCP § 704.110	Benefits	CCP § 704.110
	Govt C § 31913		Govt C § 31452
Pension Plans		Damages (<i>See Personal Injury</i>	
(and Death Benefits):		and <i>Wrongful Death</i>)	
Private	CCP § 704.115	Deposit Accounts:	
Public	CCP § 704.110	Deposit Accounts (generally)	CCP § 704.220
Public Assistance	CCP § 704.170	Deposit Accounts (hardship)	CCP § 704.225
	Welf & I C § 17409		

EXEMPTIONS FROM THE ENFORCEMENT OF JUDGMENTS

(Continued)

<u>Type of Property</u>	<u>Code and Section</u>	<u>Type of Property</u>	<u>Code and Section</u>
Deposit Accounts (cont.)		Motor Vehicle (Including Proceeds)	CCP § 704.010
Escrow or Trust Funds	Fin C § 17410		CCP § 704.060
Social Security Direct Deposits	CCP § 704.080	Municipal Utility District Retirement Benefits	CCP § 704.110
Direct Deposit Account:		Peace Officers Retirement Benefits	Pub Util C § 12337
Social Security	CCP § 704.080		CCP § 704.110
Supplemental Security Income	CCP § 704.080	Pension Plans:	Govt C § 31913
Public Benefits	CCP § 704.080	Private	CCP § 704.115
Disability Insurance Benefits	CCP § 704.130	Public	CCP § 704.110
Dwelling House	CCP § 704.740	Personal Effects	CCP § 704.020
Earnings	CCP § 704.070	Personal Injury Actions or Damages	CCP § 704.140
	CCP § 706.050	Prisoner's Funds	CCP § 704.090
	15 USC § 1673(a)	Property Not Subject to Enforcement of Money Judgments	CCP § 704.210
Educational Grant	Ed C § 21116	Prosthetic and Orthopedic Devices	CCP § 704.050
Employment Bonds	Lab C § 404	Provisions (for Residence)	CCP § 704.020
Federal Emergency Management Agency (FEMA) funds	CCP § 704.230	Public Assistance	CCP § 704.170
Financial Assistance:			Welf & I C § 17409
Charity	CCP § 704.170	Public Employees:	
Public Assistance	CCP § 704.170	Death Benefits	CCP § 704.110
	Welf & I C § 17409	Pension	CCP § 704.110
Student Aid	CCP § 704.190	Retirement Benefits	CCP § 704.110
Welfare (See Public Assistance)		Vacation Credits	CCP § 704.113
Fire Service Retirement	CCP § 704.110	Railroad Retirement Benefits	45 USC § 231m
	Govt C § 32210	Railroad Unemployment Insurance	45 USC § 352(e)
Fraternal Organizations		Relocation Benefits	CCP § 704.180
Funds and Benefits	CCP § 704.130	Retirement Benefits and Contributions:	
	CCP § 704.170	Private	CCP § 704.115
Fuel for Residence	CCP § 704.020	Public	CCP § 704.110
Furniture	CCP § 704.020		Ins C § 10498.5
General Assignment for Benefit of Creditors	CCP § 1801	Scholarshare (Higher Education Savings)	CCP § 704.105
Health Aids	CCP § 704.050	Segregated Benefit Funds	Ins C § 10498.6
Health Insurance Benefits	CCP § 704.130	Servicemembers Property	50 USC § 523(b)
Home:		Social Security	42 USC § 407
Building Materials	CCP § 704.030	Social Security Direct Deposit	CCP § 704.080
Dwelling House	CCP § 704.740	Strike Benefits	CCP § 704.120
Homestead	CCP § 704.720	Supplemental Security Income	42 USC § 1383(d)
	CCP § 704.730		42 USC § 407
Housetrailer	CCP § 704.710	Student Aid	CCP § 704.190
Mobilehome	CCP § 704.710	Tools of Trade	CCP § 704.060
Homestead	CCP § 704.720	Transit District Retirement Benefits (Alameda and Contra Costa Counties)	CCP § 704.110
	CCP § 704.730		Pub Util C § 25337
Household Furnishings	CCP § 704.020	Travelers Check Sales Proceeds	Fin C § 1875
Insurance:		Unemployment Benefits and Contributions	CCP § 704.120
Disability Insurance	CCP § 704.130	Uniforms	CCP § 704.060
Fraternal Benefit Society	CCP § 704.110	Vacation Credits (Public Employees)	CCP § 704.113
Group Life	CCP § 704.100	Veterans Benefits	38 USC § 5301
Health Insurance Benefits	CCP § 704.130	Veterans Medal of Honor Benefits	38 USC § 1562
Individual	CCP § 704.100	Wages	CCP § 704.070
Insurance Proceeds—			CCP § 706.050
Motor Vehicle	CCP § 704.010	Welfare Payments	CCP § 706.051
Irrigation System			CCP § 704.170
Retirement Benefits	CCP § 704.110	Workers Compensation Claims or Awards	Welf & I C § 17409
Jewelry	CCP § 704.040	Wrongful Death Actions or Damages	CCP § 704.150
Judges Survivors Benefits (Federal)	28 USC § 376(n)		
Legislators Retirement Benefits	CCP § 704.110		
	Govt C § 9359.3		
Licenses	CCP § 695.060		
	CCP § 720(a)(1)		
Lighthouse Keepers Surviving Spouses Benefit	33 USC § 775		
Longshore and Harbor Workers Compensation or Benefits	33 USC § 916		
Military Benefits:			
Retirement	10 USC § 1440		
Survivors	10 USC § 1450		
Military Personnel—Property	50 USC § 3934		

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	<i>FOR COURT USE ONLY</i> DRAFT Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT:		
PETITION TO DETERMINE PARENTAL RELATIONSHIP		CASE NUMBER:

1. The petitioner
 - a. gave birth to the children listed in item 2.
 - b. wants to be determined as a parent of the children in item 2 because *(specify)*:
 - c. wants to be determined as not a parent of the children listed in item 2 because *(specify)*:
 - d. is the child or the child's personal representative *(specify court and date of appointment)*:
 - e. Other *(specify)*:
2. The children are
 - a.

	<u>Birthdate</u>	<u>Age</u>
--	------------------	------------
 - b. a child who is not yet born.
3. The court has jurisdiction over the respondent because the respondent:
 - a. lives in this state.
 - b. had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 - c. Other *(specify)*:
4. The action is brought in this county because *(you must check one or more to file in this county)*:
 - a. the children live or are found in this county.
 - b. a parent is deceased and proceedings for administration of the estate have been or could be started in this county.
5. Petitioner claims *(check all that apply)*:
 - a. respondent is the parent of the children listed in item 2 above.
 - b. parentage has been determined by a voluntary declaration of parentage or paternity. *(Attach a copy if available.)*
 - c. respondent is the children's parent and has failed to support the children.
 - d. *(name)*: _____ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the children should pay:

Amount	Payable to	For <i>(specify)</i> :
--------	------------	------------------------
 - e. public assistance is being provided to the children.
 - f. Other *(specify)*:
6. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

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 2.
- c. Petitioner requests genetic testing to determine whether the Petitioner Respondent is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. If Petitioner Respondent is found to be the parent of the children listed in item 2.
- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| b. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 8d
- e. The facts in support of the requested custody and visitation (parenting time) orders are (specify):
 Contained in the attached declaration.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

Reasonable expenses of pregnancy and birth to be paid by as follows:

	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

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

12. CHILD SUPPORT

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

13. OTHER ORDERS REQUESTED (specify):

14. I have read the restraining order on the back of the Summons (form FL-210) and I understand it applies to me when this Petition is filed.

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

Date:

(TYPE OR PRINT NAME)
(SIGNATURE OF PETITIONER)

A blank Response to Petition to Determine Parental Relationship (form FL-220) must be served on the respondent with this petition.

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY DRAFT Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER:

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

2. The children are
 - a. Child's name Birthdate Age

 - b. a child who is not yet born.

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

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

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

6. Additional statements
 - a. Parentage has been determined by a voluntary declaration of parentage or paternity. (*Attach a copy if available.*)
 - b. Parentage has been established in another case governmental child support Other (*specify*):

 - c. Public assistance is being provided to the children.

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

PETITIONER: RESPONDENT:	CASE NUMBER:
----------------------------	--------------

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

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

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

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in form [FL-311](#) form [FL-312](#) form [FL-341\(C\)](#)
 form [FL-341\(D\)](#) form [FL-341\(E\)](#) [Attachment 9c](#)
- d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):
 Contained in the attached [declaration](#).

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth to be paid by as follows:	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. NAME CHANGE

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

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

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

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

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

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF RESPONDENT)

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY DRAFT Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

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

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
---------------------	------------------	------------

continued on [Attachment 1](#).

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

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

Case number:

County:

State:

Country (if not the United States):

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

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

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

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

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

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

PETITIONER: RESPONDENT:	CASE NUMBER:
----------------------------	--------------

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

Continued on Attachment 4i.

j. Other (specify):

5. Fees and cost of litigation

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

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

7. Other (specify):

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

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

Date:

_____ (TYPE OR PRINT NAME) ▶ _____ (SIGNATURE OF PETITIONER)

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (<i>name</i>):	STATE BAR NUMBER: 	FOR COURT USE ONLY DRAFT Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARTY:		
ORDER AFTER HEARING ON MOTION TO CANCEL (SET ASIDE) JUDGMENT OF PARENTAGE		CASE NUMBER:

1. This matter proceeded as follows: Uncontested By stipulation Contested
 - a. Date: Dept.: Judicial officer:
 - b. Petitioner present Attorney present (*name*):
 - c. Respondent present Attorney present (*name*):
 - d. Other party present Attorney present (*name*):
 - e. Children present (*name*): Attorney present (*name*):
 - f. Guardian ad litem present (*name*):
 - g. Attorney for local child support agency present (*name*):
 - h. Other (*specify*):
2. For purposes of this order, the previously established parents are (*names*):
 - a.
 - b.
 - c.

THE COURT FINDS

3. The following facts exist regarding the previously established parents and the children listed below:

<u>Name of child</u>	<u>Date of birth</u>	<u>Genetic Father</u>	<u>Parentage Judgment</u>	<u>Filed Voluntary Declaration of Parentage or Paternity</u>
a.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	<input type="checkbox"/> Additional children are listed on a page attached to this order.			

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
--	--------------

4. The court finds the voluntary declaration of parentage or paternity is void (invalid) for the following children (*specify*):

5. Other (*specify*):

THE COURT ORDERS

6. All orders previously made in this action will remain in full force and effect except as specifically modified below.

<u>Name of child</u>	<u>Date of birth</u>	Judgment of Parentage Canceled (Set Aside)	Voluntary Declaration of Parentage or Paternity Canceled (Set Aside)
a.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

i. Additional children are listed on a page attached to this order.

All child support and arrearage orders concerning each child for whom a previous judgment of parentage has been canceled (set aside) are vacated. The previously established parent has no right to reimbursement for any child support paid before the cancellation (set-aside) of the judgment of parentage or voluntary declaration of parentage or paternity.

j. A judgment of nonparentage is granted with respect to the following children (*specify*):

k. The motion is denied, based upon the best interest of the child, with regard to the following children (*specify*):

7. For the children named in item 6k, the court denies the motion to cancel (set aside) because of (*check all that apply*):

a. The age of the child (*specify*):

b. The length of time since the entry of the judgment establishing parentage (*specify time period*):

c. The nature, duration, and quality of the relationship between the previously established parent and the child, including the duration and frequency of any time periods during which the child and the previously established parent resided in the same household or enjoyed a parent-child relationship (*specify*):

d. The fact that the previously established parent has requested that the parent-child relationship continue.

e. The fact that the genetic parent of the child does not oppose preservation of the relationship between the previously established parent and the child.

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
--	--------------

7. f. The fact that there would be a detriment to the child if the genetic parent were established as the parent (*explain*):
- g. The fact that the previously established parent has hindered the ability to discover the identity of, or get support from, the genetic parent (*specify*):
- h. Other factors concerning the best interest of the child (*specify*):
8. If the voluntary declaration of parentage or paternity is canceled (set aside), or the court makes a finding that the voluntary declaration is void (invalid), the court clerk must send a copy of this order to the California Department of Child Support Services: **DCSS-POP Unit, P.O. Box 419070-MS 241, Rancho Cordova, CA 95741-9070.**
9. The court further orders (*specify*):

Date:

Number of pages attached: _____

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order: Date:
SIGNATURE OF ATTORNEY FOR (<i>specify</i>): <input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> OTHER
Approved as conforming to court order: Date:
SIGNATURE OF ATTORNEY FOR (<i>specify</i>): <input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> OTHER
Approved as conforming to court order: Date:
SIGNATURE OF ATTORNEY FOR (<i>specify</i>): <input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> OTHER
Approved as conforming to court order: Date:
SIGNATURE OF ATTORNEY FOR (<i>specify</i>): <input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> OTHER

SUPERVISED VISITATION PROVIDER <i>(Name and address)</i> : NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. <i>(Optional)</i> : E-MAIL ADDRESS <i>(Optional)</i> :	FOR COURT USE ONLY DRAFT Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT:	
DECLARATION OF SUPERVISED VISITATION PROVIDER (PROFESSIONAL)	CASE NUMBER:

1. **Purpose.** I submit this form to declare that I comply with all mandatory requirements for professional providers of supervised visitation under Family Code [section 3200.5](#) and [standard 5.20](#) of the Standards of Judicial Administration.
2. **Type of submission.** I am *(check a or b)*:
 - a. completing this form before I provide initial supervised visitation services in the case.
 - b. updating this form and attaching an original report of the supervised visitation that I monitored.
 - (1) The report is dated *(specify date)*:
 - (2) Copies of the report were also sent to all parties and their attorneys and the attorney for the child.
3. I am paid to provide supervised visitation services as an independent contractor, employee, intern, or volunteer operating independently or through a supervised visitation center or agency.
4. **Qualifications.** I meet the qualifications listed in Family Code section 3200.5 for this position as follows *(check all that apply)*:
 - a. I am 21 years of age or older.
 - b. I have no record of a conviction for driving under the influence (DUI) within the last five years.
 - c. I have not been on probation or parole for the last 10 years.
 - d. I have no record of a conviction for child molestation, child abuse, or other crimes against a person.
 - e. I have proof of automobile insurance for transporting the child.
 - f. I have had no civil, criminal, or juvenile restraining orders within the last 10 years.
 - g. There is no current or past court order in which I am the person being supervised.
 - h. I agree to speak the language of the party being supervised and of the child, or I will provide a neutral interpreter over the age of 18 years who is able to do so.
 - i. I agree to adhere to and enforce the court order regarding supervised visitation.
 - j. I completed a Live Scan criminal background check before providing services.
 - k. I am registered as a TrustLine provider.
5. **Training.** I meet the training requirements under Family Code section 3200.5 as follows *(check all that apply)*:
 - a. I completed 24 hours of training, including at least 12 hours of classroom instruction in all required subjects.
 - b. I completed the California Department of Social Services' online training course required for mandated reporters.

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

Date: _____

(TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

NOTICE: See standard 5.20 of the California Standards of Judicial Administration for further requirements that may apply.

CHILD'S NAME:	CASE NUMBER:
---------------	--------------

4. Petitioner on information and belief alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code <i>(check applicable boxes; see attachment 3a for concise statements of facts)</i> : <input type="checkbox"/> (a) <input type="checkbox"/> (b)(1) <input type="checkbox"/> (b)(2) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i) <input type="checkbox"/> (j)				
b. Child's name:		c. Age:	d. Date of birth:	e. Gender:
<input type="checkbox"/> Information is the same as that given for the child in item 1. <i>(If not the same, provide different information below.)</i>				
f. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father <i>(check all that apply)</i> : <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	g. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father <i>(check all that apply)</i> : <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged			
h. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father <i>(check all that apply)</i> : <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	i. Other <i>(state name, address, and relationship to child)</i> : <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.			
j. Prior to intervention, child resided with <input type="checkbox"/> parent <i>(name)</i> : <input type="checkbox"/> parent <i>(name)</i> : <input type="checkbox"/> guardian <i>(name)</i> : <input type="checkbox"/> Indian custodian <i>(name)</i> : <input type="checkbox"/> other <i>(state name, address, and relationship to child)</i> :	k. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention <i>(address)</i> : <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other			

5. a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code <i>(check applicable boxes; see attachment 3a for concise statements of facts)</i> : <input type="checkbox"/> (a) <input type="checkbox"/> (b)(1) <input type="checkbox"/> (b)(2) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i) <input type="checkbox"/> (j)				
b. Child's name:		c. Age:	d. Date of birth:	e. Gender:
<input type="checkbox"/> Information is the same as that given for the child in item 1. <i>(If not the same, provide different information below.)</i>				
f. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father <i>(check all that apply)</i> : <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	g. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father <i>(check all that apply)</i> : <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged			
h. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father <i>(check all that apply)</i> : <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	i. Other <i>(state name, address, and relationship to child)</i> : <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.			
j. Prior to intervention, child resided with <input type="checkbox"/> parent <i>(name)</i> : <input type="checkbox"/> parent <i>(name)</i> : <input type="checkbox"/> guardian <i>(name)</i> : <input type="checkbox"/> Indian custodian <i>(name)</i> : <input type="checkbox"/> other <i>(state name, address, and relationship to child)</i> :	k. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention <i>(address)</i> : <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other			

CHILD'S NAME:	CASE NUMBER:
---------------	--------------

6. Indian Child Welfare Act Inquiry (*check one*):

- a. I have asked as to whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member, and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- b. On information and belief, I am aware that inquiry has been completed by (*insert name*) and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- c. Inquiry about whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member has not yet been completed for the reasons set out below. I am aware of the ongoing duty to complete this inquiry and will complete the *Indian Child Inquiry Attachment* (form ICWA-010(A)) and submit it to the court as soon as possible.

CHILD'S NAME:	CASE NUMBER:
----------------------	--------------

General Information

1. Child's or youth's date of birth: _____ Child's Statewide Student Identifier (SSID): _____
 Indian child's tribe (if applicable): _____
 Address: _____ City: _____ Zip Code: _____
 Email: _____ Phone No.: _____
2. School information
 - a. School district (local educational agency or LEA): _____
 - b. School (*name and address*): _____
 - c. Foster youth educational liaison (Ed. Code, § 48853.5) (*name and contact information*): _____
 - d. The child is currently expelled from school and may be eligible for readmission on or after (*date*): _____
3. County office of education (*name and address*): _____

 Foster youth service coordinator (*name and contact information*): _____
4. Regional center (*name and address*): _____

 Service coordinator (*name and contact information*): _____
5. County placing agency (*specify*): _____
 - a. Assigned social worker or probation officer (*name and contact information*): _____
 - b. Supervising social worker or probation officer (*name, address, and contact information*): _____
6. CASA organization (*name and address*): _____

 Court Appointed Special Advocate (CASA) (*name and contact information*): _____
7. Child's or youth's attorney (*name, address, and contact information*): _____

THE COURT FINDS AND ORDERS

8. The child or youth is the subject of a petition filed under **Welfare and Institutions code** section 325. The child's parent, guardian, or Indian custodian is unavailable, unable, or unwilling to exercise educational or developmental services rights; the agency has made diligent efforts to locate and secure the participation of the parent, guardian, or Indian custodian in educational and developmental-services decisionmaking; and the child's or youth's educational and developmental-services needs cannot be met without the temporary appointment of a responsible adult as educational rights holder.
9. Limitation of the rights of the parent(s), guardian(s), or Indian custodian(s) **to make** educational developmental-services decisions is necessary to protect the child or youth.
10. The youth is at least 18 years old and
 - a. has chosen not to make educational developmental-services decisions for the youth.
 - b. is deemed incompetent to make educational or developmental-services decisions for the youth.
11. (*If 10a or 10b is checked*): The appointment of an educational rights holder to make developmental-services decisions for the youth is in the youth's best interests.

CHILD'S NAME:

CASE NUMBER:

12. The court has denied or terminated reunification services for the parent, guardian, or Indian custodian, and the child or youth is placed in a planned permanent living arrangement under **Welfare and Institutions code sections 366.21(g)(5), 366.22, 366.26, 366.3(i), or 727.3(b)(5)–(6).**
13. There is is not a responsible adult relative, nonrelative extended family member, or other adult known to the child who is available and willing to serve as the educational rights holder.
14. The child or youth is receiving special education, general education accommodations and modifications, early intervention services, or developmental services. Yes No
15. The child or youth is receiving services under the following plan (*check all that apply*):
- Individualized education program (IEP)
 - Section 504 plan
 - Individualized family service plan (IFSP)
 - Individual program plan (IPP)
 - Special education local plan area (SELPA)
 - Other (*explain*):

The LEA, SELPA, or regional center must provide a copy of any plan to the designated educational rights holder.

16. The child or youth needs the following educational or developmental assessments or services (*check all that apply*):
- The child is 0–3 years old, is at risk for a disability or has a developmental delay, and needs assessment for services.
 - The child is 0–3 years old, has a disability, and needs the development of an IFSP.
 - The child or youth is 3 years old or older, may have a disability, and needs intake and assessment for services.
 - The child or youth is 3 years old or older, has a disability, and needs the development or revision of an IEP, IPP, or Section 504 plan.
17. The appointed educational rights holder must (*check all that apply*):
- Submit to the LEA a written referral for assessment for special education and related services or for services under section 504 of the Rehabilitation Act of 1973.
 - Submit to the regional center a written referral for an initial intake and eligibility assessment or evaluation.
 - Submit to the LEA a written referral for assessment or services, or a written request to convene the IEP team to develop, review, or revise the pupil's IEP.
 - Submit a written request to the regional center to convene the IFSP team to develop, review, or revise the IFSP.
 - Submit a written request to the regional center to convene the IPP team to develop, review, or revise the IPP.
 - Other:

18. The following person is directed under rule 5.649(c)–(d) **of the California Rules of Court** to take whatever steps are necessary to request any assessments or services identified in item **16** or **17** (*name and address unless confidential*):
19. The current educational program and school placement are in the best interests of the child or youth.
20. The current IFSP, IPP, or other developmental services plan is in the best interests of the child or youth.
21. The child or youth is is *not* attending the child's or youth's school of origin. If not,
- The educational rights holder has has *not* waived the child's or youth's right to attend the school of origin.
 - The child or youth has has *not* waived the child's or youth's right to attend the school of origin.
22. The county placing agency has considered educational stability and the opportunity to be educated in the least restrictive educational program when making placement decisions for the child or youth.

CHILD'S NAME:	CASE NUMBER:
----------------------	--------------

Educational Rights Holder Service of Process Check Box

Mandatory:

<p>1. <input type="checkbox"/> Social worker <input type="checkbox"/> Probation officer</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>2. <input type="checkbox"/> Child <i>(if 10 years of age or older)</i></p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>3. <input type="checkbox"/> Local Foster Youth Educational Liaison</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>	<p>4. <input type="checkbox"/> Attorney for child or youth</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>5. <input type="checkbox"/> County Office of Education Foster Youth Services Coordinator</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>6. <input type="checkbox"/> Educational Rights Holder</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>
---	--

Mandatory, if applicable:

<p>1. <input type="checkbox"/> Regional Center Service Coordinator</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>2. <input type="checkbox"/> CASA Volunteer</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>	<p>3. <input type="checkbox"/> Tribe/Bureau of Indian Affairs</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>
--	--

If requested and entitled to notice under Welfare and Institutions code § 293:

<p>1. <input type="checkbox"/> Other <i>(specify)</i>:</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>2. <input type="checkbox"/> Other <i>(specify)</i>:</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>3. <input type="checkbox"/> Other <i>(specify)</i>:</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>	
---	--

If appropriate:

<p>1. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>2. <input type="checkbox"/> Indian custodian</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>	
---	--

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
GENERAL DENIAL	CASE NUMBER:

If you want to file a general denial, you **MUST** use this form if the amount asked for in the complaint or the value of the property involved is \$1,000 or less.
 You **MAY** use this form for a general denial if:

1. The complaint is not verified; **or**
2. The complaint is verified and the case is a limited civil case (the amount in controversy is \$25,000 or less), **BUT NOT** if the complaint involves a claim for more than \$1,000 that has been assigned to a third party for collection.

(See Code of Civil Procedure sections 85–86, 90–100, 431.30, and 431.40.)

1. DEFENDANT (*name*):
generally denies each and every allegation of plaintiff's complaint.
2. DEFENDANT states the following **FACTS** as separate affirmative defenses to plaintiff's complaint (*attach additional pages if necessary*):

Date: _____

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT OR ATTORNEY)

If you have a claim for damages or other relief against the plaintiff, the law may require you to state your claim in a special pleading called a cross-complaint or you may lose your right to bring the claim. (See Code of Civil Procedure sections 426.10–426.40.)

The original of this *General Denial* must be filed with the clerk of this court with proof that a copy was served on each plaintiff's attorney and on each plaintiff not represented by an attorney. There are two main ways to serve this *General Denial*: by personal delivery or by mail. It may be served by anyone at least 18 years of age EXCEPT you or any other party to this legal action. Be sure that whoever serves the *General Denial* fills out and signs a proof of service. You may use the applicable Judicial Council form (such as form POS-020, POS-030, or POS-040) for the proof of service.