

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO**

JOINDER PACKET- FAMILY LAW



FORMS INCLUDED IN THIS PACKET

Notice of Motion and Declaration for Joinder	Judicial Council Form #FL-371
Summons (Joinder)	Judicial Council Form #FL-375
Responsive Declaration to Motion for Joinder - Consent Order of Joinder	Judicial Council Form #FL-373
Information Sheet for Proof of Personal Service	Judicial Council Form #FL-330-INFO
Proof of Personal Service	Judicial Council Form #FL-330
Information Sheet for Proof of Service By Mail	Judicial Council Form #FL-335-INFO
Proof of Service By Mail	Judicial Council Form #FL-335
Additional forms when requesting custody of a minor child to a non-parent	
Pleading on Joinder - Request for Award of Custody to Claimant(s)	SDSC Form #D-236
Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)	Judicial Council Form #FL-105
Information Sheet on Indian Child Inquiry Attachment and Notice of Child Custody Proceeding for Indian Child	Judicial Council Form #ICWA-005-INFO
Indian Child Inquiry Attachment	Judicial Council Form #ICWA-010(A)
Parental Notification of Indian Status	Judicial Council Form #ICWA-020

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): <hr/> <p style="text-align: center;">TELEPHONE NO.: FAX NO. (<i>Optional</i>):</p> <p>E-MAIL ADDRESS (<i>Optional</i>):</p> <p>ATTORNEY FOR (<i>Name</i>):</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONER: RESPONDENT:	
NOTICE OF MOTION AND DECLARATION FOR JOINDER	CASE NUMBER:

NOTICE OF MOTION

1. TO Petitioner Respondent

2. A hearing on this motion for joinder will be held as follows:

a. Date:	Time:	Dept.:	Rm.:
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b. The address of court: is shown above is:

c. Petitioner Respondent Claimant will apply to this court for an order joining claimant as a party to this proceeding on the grounds set forth in the Declaration below.

3. The pleading on joinder accompanies this notice of motion.

Dated:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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DECLARATION FOR JOINDER

4. The name of the person to be joined is:

5. Facts showing that each person sought or seeking to be joined possesses or controls or claims to own any property subject to disposition by this court, or that such person has or claims custody, physical control, or visitation rights with respect to any minor child of the marriage, are (*specify*):

PETITIONER: RESPONDENT:	CASE NUMBER:
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6. Facts showing that it would be appropriate for this court to determine the particular issue in the proceedings are:

7. Facts showing that each person sought or seeking to be joined is either indispensable to a determination of the particular issue or necessary to the enforcement of any judgment rendered on the issue are:

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONER: RESPONDENT:	
CLAIMANT:	
SUMMONS (JOINDER)	CASE NUMBER: _____

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

¡AVISO! Usted ha sido demandado. El tribunal puede decidir contra Ud. sin audiencia a menos que Ud. responda dentro de 30 días. Lea la información que sigue.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your response or pleading, if any, may be filed on time.

Si Usted desea solicitar el consejo de un abogado en este asunto, debería hacerlo inmediatamente, de esta manera, su respuesta o alegación, si hay alguna, puede ser registrada a tiempo.

1. TO THE PETITIONER RESPONDENT CLAIMANT
 A pleading has been filed under an order joining *(name of claimant):*

as a party in this proceeding. If you fail to file an appropriate pleading within **30** days of the date this summons is served on you, your default may be entered and the court may enter a judgment containing the relief requested in the pleading, court costs, and such other relief as may be granted by the court, which could result in the garnishment of wages, taking of money or property, or other relief.

2. TO THE CLAIMANT EMPLOYEE BENEFIT PLAN
 A pleading on joinder has been filed under the clerk's order joining *(name of employee benefit plan):*

as a party claimant in this proceeding. If the employee benefit plan fails to file an appropriate pleading within **30** days of the date this summons is served on it, a default may be entered and the court may enter a judgment containing the relief requested.

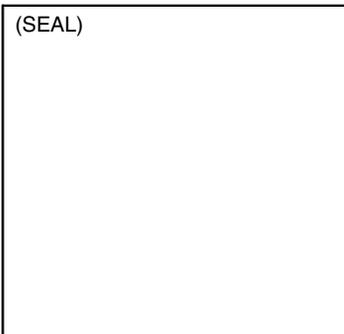
Dated: _____ Clerk, By _____, Deputy

3. NOTICE TO THE PERSON SERVED: You are served

- a. As an individual.
 b. As (or on behalf of) the person sued under the fictitious name of:
 c. On behalf of:

- | | |
|--|--|
| Under: <input type="checkbox"/> CCP 416.10 (Corporation)
<input type="checkbox"/> CCP 416.20 (Defunct Corporation)
<input type="checkbox"/> CCP 416.40 (Association or Partnership)
<input type="checkbox"/> Other: | <input type="checkbox"/> CCP 416.60 (Minor)
<input type="checkbox"/> CCP 416.70 (Incompetent)
<input type="checkbox"/> CCP 416.90 (Individual)
<input type="checkbox"/> FC 2062 (Employee Benefit Plan) |
|--|--|

- d. By personal delivery on *(date):*



PROOF OF SERVICE—SUMMONS (JOINDER)
(Use separate proof of service for each person served)

1. I served the

a. *Summons and* (1) *Request for Joinder of Employee Benefit Plan and Order, Pleading on Joinder-Employee Benefit Plan, blank Notice of Appearance and Response of Employee Benefit Plan*

(2) *Notice of Motion and Declaration for Joinder* (3) *Order re Joinder*

(4) *Pleading on Joinder* (specify title):

(5) *Other:*

b. On *(name of party or claimant):*

c. By serving (1) *Party or claimant.* (2) *Other (name and title or relationship to person served):*

d. *By delivery at* *home* *business* (1) *Date of:*
(2) *Time of:* (3) *Address:*

e. *By mailing* (1) *Date of:* (2) *Place of:*

2. Manner of service: (check proper box)

a. **Personal service.** By personally delivering copies. (CCP 415.10)

b. **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 41 5.20(a))

c. **Substituted service on natural person, minor, incompetent, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**

d. **Mail and acknowledgment service.** By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) **(Attach completed acknowledgment of receipt.)**

e. **Certified or registered mail service.** By mailing to address outside California (by registered or certified airmail with return receipt requested) copies to the person served. (CCP 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**

f. *Other (specify code section):*
 Additional page is attached.

3. The notice to the person served (item 3 on the copy of the summons served) was completed as follows (CCP 412.30, 415.10, and 474):

a. *As an individual.*

b. *As the person sued under the fictitious name of:*

c. *On behalf of:*

Under: CCP 416.10 (Corporation)
 CCP 416.20 (Defunct Corporation)
 CCP 416.40 (Association or partnership)

CCP 416.60 (Minor)
 CCP 416.70 (Incompetent)
 CCP 416.90 (Individual)
 FC 2062 (Employee Benefit Plan)

d. *By personal delivery on (date):*

4. At the time of service I was at least 18 years of age and not a party to this action.

5. Fee for service: \$

6. Person serving

a. *Not a registered California process server.*

b. *Registered California process server.*

c. *Exempt from registration under Bus. & Prof. Code 22350(b).*

d. *California sheriff, marshal, or constable.*

e. *Name, address, telephone number, and, if applicable, county of registration and number:*

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date): _____ at (place): _____, California.

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct and that this certificate is executed on (date): _____ at (place): _____, California.

(Signature)

(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONER: RESPONDENT: CLAIMANT:	
RESPONSIVE DECLARATION TO MOTION FOR JOINDER <input type="checkbox"/> CONSENT ORDER OF JOINDER	CASE NUMBER:

1. Petitioner Respondent
 - a. Consents to the requested joinder and stipulates to an order joining claimant as a party to this proceeding.
 - b. Does not consent to the requested joinder of claimant as a party to this proceeding.

2. The statements contained in the declaration for joinder are incorrect or insufficient as follows *(specify):*

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

dated:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSENT ORDER

3. Petitioner Respondent having consented and good cause appearing,
IT IS ORDERED that

- a. The claimant is joined as a party to this proceeding.
- b. The clerk file the original of the submitted pleadings.
- c. *Summons (Joinder)* be issued and claimant be served with a copy of the motion for joinder with pleading attached and a copy of the *Summons (Joinder)*.
- d. The hearing on the motion for joinder is taken off calendar for *(date)*:

Dated:

JUDICIAL OFFICER

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
 - a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i> <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

4. By personally delivering copies to the person served, as follows:
 - a. Date: _____ b. Time: _____
 - c. Address: _____

5. I am

a. <input type="checkbox"/> not a registered California process server. b. <input type="checkbox"/> a registered California process server. c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). e. <input type="checkbox"/> a California sheriff or marshal.
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6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents *(specify)*:

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing *(city and state)*:

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*

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

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PERSON COMPLETING THIS FORM)

**ADDITIONAL FORMS WHEN REQUESTING
CUSTODY OF A MINOR CHILD
TO A NON-PARENT**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 1100, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S)	
RESPONDENT(S)	
PLEADING ON JOINDER – REQUEST FOR AWARD OF CUSTODY TO CLAIMANT(S)	CASE NUMBER

Claimant(s) allege(s) the following to be true:

1. This action concerns the custody of the minor(s) whose name(s) and date(s) of birth are: _____

2. The name(s) of the claimant(s) in this action are: _____

3. The relationship of claimant(s) to the minor(s) is/are: _____

4. The petitioner is the mother father of the minor(s).
5. The respondent is the mother father of the minor(s).
6. The person(s) with whom the minor(s) is/are living on the date of this petition is/are: _____

7. A Declaration under the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) is attached.
8. A petition has previously been filed in the San Diego County Superior Court, Probate Division, Case Number _____, requesting that claimant(s) be appointed as guardian(s) of the person of the minor(s). Said petition has been taken off calendar in order for claimant(s) to seek joinder, and an award of custody in this proceeding, in accordance with the San Diego Protocol for Guardianships in the Juvenile, Family, and Probate Courts.
9. The following persons have given written consent to the appointment of claimant(s) as guardian(s) of the minor(s), and/or have waived notice in the guardianship proceeding: _____

10. It would be detrimental, as defined in Fam. Code § 3041(c), to the minor(s) to be placed with, or to remain in the custody of, either parent(s) who has not consented.
11. It is necessary or convenient, and in the best interests of the minor(s) that claimant(s) be awarded custody in this proceeding.
12. An Indian Child Inquiry Attachment (JC Form #ICWA-010(A)) is attached for each child named in paragraph one.

SHORT TITLE:	CASE NUMBER
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Claimant(s) request the following:

1. The court take judicial notice of the Petition for Appointment of Guardian of Minor, filed in Case Number _____, and all consents, waivers, notices, declarations, and other pleadings filed therein.
2. The court deem the Petition for Appointment of Guardian of Minor the first paper filed in this case on behalf of claimant(s) and waive the first appearance fee on the joinder of claimant(s).
3. The court waive any further investigation fees on the part of claimant(s), who have already paid an investigation fee to: Family Court Services Health and Human Services Agency in connection with the Petition for Appointment of Guardian of Minor.
4. The court grant custody of the minor(s) to claimant(s).
5. The court grant such other and further relief as may appear proper at the time of the hearing.

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

Date: _____

Print name

Signature

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ <i>(This section applies only to family law cases.)</i> RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF <i>(Name):</i> _____ Minor <i>(This section applies only to guardianship cases.)</i>	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number)*: _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). *(Provide all requested information for additional children.)*

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

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

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

INFORMATION SHEET ON INDIAN CHILD INQUIRY ATTACHMENT AND NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD

This is an information sheet to help you fill out forms ICWA-010(A), *Indian Child Inquiry Attachment*, and ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

ICWA-010(A), *Indian Child Inquiry Attachment*

You are responsible for helping to find out if the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment*. These are important responsibilities because if the child is an Indian child, you and the court will need to take specific steps to prevent the breakup of the child's Indian family. Also, if the child is an Indian child, he or she has a right to receive resources and services that are culturally specific to the Indian child's family. The court will check to make sure that the child is receiving these services.

Tips on how to fill out ICWA-010(A), *Indian Child Inquiry Attachment*

1. Try to find contact information for the child's parents, child's Indian custodian if the child is living with an Indian person, the child's grandparents, and great-grandparents.
2. Contact the child's parents, child's Indian custodian if the child is living with an Indian person, the child's grandparents, and great-grandparents and ask them these questions:
 - a. Is the child a member of a tribe, and if they think he or she might be, then which tribe or tribes?
 - b. Are they members of a tribe, and if they think they might be, which tribes?
 - c. Does the child or his or her parents live in Indian country?
 - d. Does the child or any of his or her relatives receive services or benefits from a tribe, and if yes, which tribe?
 - e. Does the child or any of his or her relatives receive services or benefits available to Indians from the federal government?
3. If you are in touch with any of the child's relatives, ask them the same questions.

The court clerk's office cannot file your petition unless you have filled out and attached to the petition form ICWA-010(A), *Indian Child Inquiry Attachment*. This does not apply to a petition filed under Welf. & Inst. Code, sections 601 or 602.

ICWA-030, *Notice of Child Custody Proceeding for Indian Child*

After taking the steps to find out if the child is an Indian child, if you have reason to know that the child is an Indian child, then you (or the court investigator if you are related to the child and you are asking the court to appoint you as the child's guardian) must let the child's tribe or tribes know about the case. If you let the tribe or tribes know, they can investigate and let you and the court know if the child is in fact an Indian child and can then decide whether to get involved in the case or assume tribal jurisdiction.

Some tips to help you figure out if there is reason to know the child is an Indian child

1. If the child, an Indian tribe, an Indian organization, an attorney, a public or private agency, or a member of the child's extended family says or provides information to anyone involved in the case that the child is an Indian child;
2. If the child, the child's parents, or an Indian custodian live in a predominately Indian community; or
3. If the child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service.

These are just a few of the reasons to know or give you reason to know that a child is an Indian child. There also may be other information that would give you reason to know that the child is an Indian child.

Who do you need to notify?

If you have reason to know that the child is an Indian child, then you must give notice to the following:

1. Child's parents, including adoptive parents;
2. Child's Indian custodian (if the child is living with an Indian person who has legal custody of the child under tribal law or custom or under state law, or if the parent asked the Indian custodian to take care of the child);
3. Child's tribe or tribes; and
4. Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, California 95825 (if the parents, Indian custodian, or tribe cannot be determined or located).

Tip on how to find the address for the child's tribe or tribes:

The Secretary of the Interior periodically updates and publishes in the Federal Register (21 CFR 23.12) a list of tribe names and addresses. The Bureau of Indian Affairs also keeps a list. Another source is a list maintained by the California Department of Social Services on their Web site at:

www.childsworld.ca.gov/Res/pdf/alphatribe.doc. That list is very helpful, but not official, nor is there any authority to use the addresses in the state list over different agents for services listed in the Federal Register.

Be sure to complete ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, and file the form with the court.

Copy to the Secretary of the Interior and the Area Director of the Bureau of Indian Affairs

If you know the identity and location of the parent, Indian custodian, and the tribe(s), then when you send notice to the parent, Indian custodian, and the tribe(s), you must also send a copy of the notice to The Secretary of the Interior at 1849 C Street, N.W., Washington, D.C. 20240 and a copy to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825.

Copy to the Area Director of the Bureau of Indian Affairs

If you do not know the identity and location of the parent, Indian custodian, and the tribe(s), then you must send a copy of the notice to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825. In order to establish tribal identity, provide as much information as possible, including name of child, birthdate, and birth place; name of tribe(s); all known relatives with addresses and other identifying information; and a copy of the petition.

How do you notify everyone and prove to the court that you have?

If you do not have an attorney and are representing yourself, the court clerk will do this for you.

If you do have an attorney, it is important that your attorney or you follow these steps exactly:

1. Someone over 18—not you or anyone else who signed the petition—needs to go to the post office and send by registered or certified mail, with return receipt requested the following forms:
 - a. Petition;
 - b. ICWA-010(A), *Indian Child Inquiry Attachment*; and
 - c. ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
2. The person who did step (1) above, must fill out the information requested on page 7 of form, ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
3. Go to the clerk's office and file with the court your proof that you have given notice to everyone listed above and on page 10 of ICWA-030, *Notice of Child Custody Proceeding for Indian Child*. Your proof must consist of the following:
 - a. Copies of what you sent (the petition, ICWA-010(A), *Indian Child Inquiry Attachment*, and ICWA-030, *Notice of Child Custody Proceeding for Indian Child*);
 - b. All return receipts both given to you by the post office and returned from the mailing; and
 - c. All responses you receive from the child's parents, the child's Indian custodian, the child's tribe or tribes, and the Bureau of Indian Affairs.

Please note that you are subject to court sanctions if you knowingly and willfully falsify or conceal a material fact concerning whether the child is an Indian child or counsel a party to do so. (Welf. & Inst. Code, § 224.2(e).)

CHILD'S NAME: _____	CASE NUMBER: _____
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1. Name of child:

Indian child inquiry made not made and (check all that apply):

a. The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s): _____

Name of band (if applicable): _____

b. The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s): _____

Name of band (if applicable): _____

c. The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

d. The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

e. The child may have Indian ancestry.

f. The child has no known Indian ancestry.

g. Other reason to know the child may be an Indian child: _____

Person(s) questioned: _____

Name: _____

Address: _____

City, state, zip: _____

Telephone: _____

Date questioned: _____

Means of communication: _____

Relationship to child: _____

Summary of information: _____

Person(s) questioned: _____

Name: _____

Address: _____

City, state, zip: _____

Telephone: _____

Date questioned: _____

Means of communication: _____

Relationship to child: _____

Summary of information: _____

h. Information about other persons questioned is attached.

2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:

The child is in foster care.

It is probable the child will be entering foster care.

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
CHILD'S NAME:	
PARENTAL NOTIFICATION OF INDIAN STATUS	CASE NUMBER:

To the parent, Indian custodian, or guardian of the above-named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.

1. Name: _____
2. Relationship to child: Parent Indian custodian Guardian Other _____
3. a. I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (*name each*): _____
 Name of band (*if applicable*): _____
- b. I may have Indian ancestry. _____
 Name of tribe(s): _____
 Name of band (*if applicable*): _____
- c. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
- d. I have no Indian ancestry as far as I know.
- e. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
 Name and relationship of ancestor(s): _____
4. A previous form ICWA-020 has has not been filed with the court.

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)

Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.