

SUPERIOR COURT OF CALIFORNIA County of Kings 1640 Kings County Drive, Hanford, CA 93230 (559) 582-1010

CUSTODY AND SUPPORT PACKET (Step 2 of 3)



Online Assistance: www.courts.ca.gov/selfhelp.htm
The California Courts Self-Help Center

E-file California: https://california.tylerhost.net

Kings County Superior Court: www.kings.courts.ca.gov
Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET		
Proof of Service of Summons	Judicial Council Form FL-115	
Notice and Acknowledgment of Receipt	Judicial Council Form FL-117	
Filing Fee:	No filing fee required	

PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.:	FOR COURT USE ONLY	
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY: STATE: ZIP CODE:		
TELEPHONE NO.: FAX NO.:		
E-MAIL ADDRESS: ATTORNEY FOR (name):	·	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
	CASE NUMBER:	
PROOF OF SERVICE OF SUMMONS		
 At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of: Family Law: Petition—Marriage/Domestic Partnership (form FL-100), Summons (form FL-110), and blank Response—Marriage/Domestic Partnership (form FL-120) or- Uniform Parentage: Petition to Determine Parental Relationship (form FL-200), Summons (form FL-210), and blank 		
Response to Petition to Determine Parental Relationship (form FL-220) —or—		
c Custody and Support: Petition for Custody and Support of Minor Children (form <u>FL-260</u>), Summons (form <u>FL-210</u>), and blank Response to Petition for Custody and Support of Minor Children (form <u>FL-270</u>) and		
d. (1) Completed and blank Declaration Under (5) Comp Uniform Child Custody Jurisdiction and (Simp	bleted and blank <i>Financial Statement</i> blified) (form <u>FL-155)</u> bleted and blank <i>Property</i>	
(2) Completed and blank Declaration of Declar	ration (form <u>FL-160</u>)	
(3) Completed and blank Schedule of Assets Response	est for Order (form <u>FL-300</u>), and blank consive Declaration to Request for Order <u>FL-320</u>)	
	(specify):	
asponed 2 double of (term)		
2. Address where respondent was served:		
3. I served the respondent by the following means (check proper boxes):		
 a. Personal service. I personally delivered the copies to the respondent (Cod on (date): 	e Civ. Proc., § 415.10)	
b. Substituted service. I left the copies with or in the presence of (name):		
who is (specify title or relationship to respondent):		
 (1) [Business] a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers. 		
(2) [Home) a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.		
on (date): at (time):		
I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date):		
A declaration of diligence is attached stating the actions taken to first atten	ont nersonal service	

	FL-115
PETITIONER:	CASE NUMBER:
RESPONDENT:	
3. c. Mail and acknowledgment service. I mailed the copies to the re first-class mail, postage prepaid, on (date):	espondent, addressed as shown in item 2, by from (city):
(1) with two copies of the Notice and Acknowledgment of Re envelope addressed to me. (Attach completed Notice a (Code Civ. Proc., § 415.30.)	
(2) to an address outside California (by registered or certified return receipt or other evidence of actual delivery to	
d. Other (specify code section):	
Continued on Attachment 3d.	
4. Person who served papers	
Name:	
Address:	
Telephone number:	
This person is	
a. exempt from registration under Business and Professions Code	section 22350(b).
b. not a registered California process server.	. ,
c. a registered California process server. an employee or	an independent contractor
(1) Registration no.:	
(2) County:	
(3) The fee for service was (specify): \$	
5. I declare under penalty of perjury under the laws of the State of Cali	fornia that the foregoing is true and correct.
or	
6. I am a California sheriff, marshal, or constable, and I certify that t	the foregoing is true and correct.
Date:	
 -	
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(NAME OF PERSON WHO SERVED PAPERS)	(SIGNATURE OF PERSON WHO SERVED PAPERS)

FL-115 [Rev. January 1, 2021]

PROOF OF SERVICE OF SUMMONS

Page 2 of 2

PARTY WITHOUT ATTORNEY OF ATTORNEY STATE BAR NO.:	FOR COURT USE ONLY	
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY: STATE: ZIP CODE:		
TELEPHONE NO.: FAX NO.:		
E-MAIL ADDRESS: ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
NOTICE AND ACKNOWLEDGMENT OF RECEI	CASE NUMBER:	
(Sender completes items 1 through 4 and signs before mailing. Rec	cipient completes items 5 and 6, signs, then returns)	
To (name of individual being served):		
NOTICE The documents identified below are being served on you by mail with this person authorized by you must sign, this form to acknowledge receipt of the served on the served on you be served on you be made as the se		
If the documents described below include a summons and you fail to com within 20 days of the date of mailing, you will be liable for the reasonable attempting to serve you with these documents by any other methods permof a summons is deemed complete on the date you sign the acknowledged by you do not agree with what is being requested, you must submit a complete on the date where the acknowledged is you do not agree with what is being requested, you must submit a complete on the date where the acknowledged is the date of the date of the date where the acknowledged is the date of the date	expenses incurred after that date in serving you or nitted by law. If you return this form to the sender, service nent of receipt below. This is not an answer to the action.	
2. Date of mailing (specify):	>	
3	(SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 YEARS OR OLDER)	
ACKNOWLEDGMENT OF	,	
I agree I received the following:		
a. Family Law: Petition—Marriage/Domestic Partnership (form Marriage/Domestic Partnership (form FL-120)	FL-100), Summons (form FL-110), and blank Response	
b. Uniform Parentage: Petition to Determine Parental Relations Response to Petition to Determine Parental Relationship (for		
c. Custody and Support: Petition for Custody and Support of Minor Children (form FL-260), Summons (form FL-210), and blank Response to Petition for Custody and Support of Minor Children (form FL-270)		
d. (1) Completed and blank Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act	(5) Completed and blank Financial Statement (Simplified) (form FL-155)	
(UCCJEA) (form <u>FL-105</u>) (2) Completed and blank Declaration of Disclosure	(6) Completed and blank Property Declaration (form FL-160)	
(form <u>FL-140</u>)	(7) Request for Order (form FL-300), and blank	
(3) Completed and blank Schedule of Assets and Debts (form FL-142)	Responsive Declaration to Request for Order (form <u>FL-320</u>)	
(4) Completed and blank <i>Income and Expense Declaration</i> (form <u>FL-150</u>)	(8) Other (specify):	
Recipient signed this acknowledgment on (specify date):		
6		
(TYPE OR PRINT NAME OF PERSON ACKNOWLEDGING RECEIPT)	(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT) Page 1 of 1	

Form Approved for Optional Use Judicial Council of California FL-117 [Rev. January 1, 2021]

NOTICE AND ACKNOWLEDGMENT OF RECEIPT (Family Law)

Code of Civil Procedure, § 415.30, 417.10 www.courts.ca.gov