

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address):      TELEPHONE NUMBER:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	CASE NUMBER:
<b>DECLARATION FOR DEFAULT CUSTODY AND VISITATION ORDERS</b>	DEPARTMENT NUMBER:  FCS NUMBER:

**Notice to the Respondent -  
Please read both sides of this Form**

The other parent in your case (the "Petitioner") has described the custody and/or visitation order s/he is asking the Court to make in your case. If you do not agree with the order you must take legal action. If you do not take legal action, the Court may order what the Petitioner requested.

Talk with a private attorney or visit the Court's Self-Service Center for more information about your legal rights and the legal process.

**Petitioner - You should consider using this form if:**

- You are asking for a default Judgment in this case, and
- You have children with the other parent in this case, and
- You do not already have a custody and visitation Court order that will be a part of your Judgment, and
- You do not already have a Marital Settlement Agreement/Stipulated Judgment that will be a part of your Judgment.

**IMPORTANT: This form cannot help you ask for different custody and visitation orders than what you asked for in your Petition.**

I, (your name) \_\_\_\_\_, am the Petitioner in this case.

**1. Check one only:**

- I have attached form FL- 311 to describe the custody and visitation schedule I want OR
- Form FL-311 was attached to the Petition I filed.

**2.  I am asking for the Custody orders described on form FL-311 because:**

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CASE NAME:	CASE NUMBER:
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3.  I am asking for the Visitation schedule described on form FL-311 because:

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4. The child or children has or have mainly lived with  Mother  Father  Other: \_\_\_\_\_ during the last six months.

During the last six months the other parent had the following contact with the child or children. Describe the schedule, number of visits, length of visits:

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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: \_\_\_\_\_ Petitioner's Name: \_\_\_\_\_

Petitioner's Signature: \_\_\_\_\_

### Instructions for the Petitioner

1. **Fill out** this form completely.
2. **Make 2 copies.**
3. **File the original and copies** with the Clerk's Office at 170 Park Avenue, San José, CA or 99 Notre Dame Avenue, San José, CA, or 605 W. El Camino Real, Sunnyvale, CA or 301 Diana Avenue, Morgan Hill, CA 95037
4. **Have someone else, NOT YOU, who is 18 years or older, mail ("serve") a copy of this form to the other party.** This must be done at least 15 calendar days (if served by mail or in person) before the Judgment is submitted. The person who mails this form must fill out a Proof of Service by Mail (form FL-335).
5. You must **file the Proof of Service by Mail** form with the Court. Keep a file-stamped copy for yourself.