

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:  OTHER PARENT/PARTY:	
<b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT</b>	CASE NUMBER: _____

To (name of individual being served): \_\_\_\_\_

**NOTICE**

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is **not** an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

Date of mailing: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 YEARS OR OLDER)

**ACKNOWLEDGMENT OF RECEIPT**  
**(To be completed by sender before mailing)**

I agree I received the following:

- |   |   |
|---|---|
| a. <input type="checkbox"/> Family Law: <i>Petition-Marriage</i> (form FL-100), <i>Summons</i> (form FL-110), and blank <i>Response-Marriage</i> (form FL-120)<br>b. <input type="checkbox"/> Family Law—Domestic Partnership: <i>Petition—Domestic Partnership/Marriage</i> (form FL-103), <i>Summons</i> (form FL-110), and blank <i>Response—Domestic Partnership/Marriage</i> (form FL-123)<br>c. <input type="checkbox"/> Uniform Parentage: <i>Petition to Establish Parental Relationship</i> (form FL-200), <i>Summons</i> (form FL-210), and blank <i>Response to Petition to Establish Parental Relationship</i> (form FL-220)<br>d. <input type="checkbox"/> Custody and Support: <i>Petition for Custody and Support of Minor Children</i> (form FL-260), <i>Summons</i> (form FL-210), and blank <i>Response to Petition for Custody and Support of Minor Children</i> (form FL-270) | (4) <input type="checkbox"/> Completed and blank <i>Income and Expense Declaration</i> (form FL-150)<br>(5) <input type="checkbox"/> Completed and blank <i>Financial Statement (Simplified)</i> (form FL-155)<br>(6) <input type="checkbox"/> <i>Request for Order</i> (form FL-300) and blank <i>Responsive Declaration to Request for Order</i> (form FL-320)<br>(7) <input type="checkbox"/> Other (specify): |
| e. <input type="checkbox"/> (1) <input type="checkbox"/> Completed and blank <i>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)</i> (form FL-105)<br><input type="checkbox"/> (2) <input type="checkbox"/> Completed and blank <i>Declaration of Disclosure</i> (form FL-140)<br><input type="checkbox"/> (3) <input type="checkbox"/> Completed and blank <i>Schedule of Assets and Debts</i> (form FL-142)  |   |

**(To be completed by recipient)**

Date this acknowledgment is signed: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)