ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE: FAX NO. <i>(Optional):</i> ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE	
Butte County CourthouseNorth Butte County CourthouseOne Court Street, Oroville, CA 959651775 Concord Avenue, Chico, CA 95928(530) 532-7002(530) 532-7002	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER:	
DECLARATION FOR DEFAULT CUSTODY AND VISITATION ORDERS	CASE 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 an attorney or visit the Self-Help and Referral Program (SHARP) for more information about your legal rights and the legal process.

Petitioner - You must fill this form out 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 part of your Judgment, and
- You do not already have a Marital Settlement Agreement/Stipulated Judgment that will be 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.

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

1. Check one only:

 \Box 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. \Box I am asking for the **custody orders** described on form FL-311 because:

3. \Box I am asking for the **visitation schedule** described on form FL-311 because:

4. The child(ren) has/have mainly lived with \Box Mother \Box Father \Box Other: _______ during the last six months.

During the last six months the other parent had the following contact with the child(ren). Describe the schedule, number of visits, lengths of visits:

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 Family Law Clerk's Office.

4. Have someone else, NOT YOU, who is 18 years or older, serve a copy of this form on the other party. This must be done at least 15 calendar days (whether served by mail or in person) before the Judgment is submitted. The person who serves this form must fill out the appropriate Proof of Service (form FL-330/FL-335).

5. You must file the Proof of Service form with the Court. Keep a file-stamped copy for yourself.