



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
SELF-HELP CENTER  
[www.occourts.org/self-help](http://www.occourts.org/self-help)**

**HOW TO ESTABLISH PARENTAGE AND/OR  
GET CUSTODY/VISITATION ORDERS  
(UNMARRIED PARENTS)**

**Description:**

This workshop is for unmarried parents interested in initiating a paternity, parentage, custody, visitation or child support case. The workshop will educate you about the laws and procedures that will affect your case and assist you in preparing all of the necessary paperwork to start your case. If you want to reserve your seat in advance, register online using your My Court Card at <https://selfhelp.occourts.org>.

**When & Where:**

**Lamoreaux Justice Center**  
Self Help Center, 1st Floor, Room C101  
341 The City Drive  
Orange, CA 92868

Wednesdays: **12:30 p.m.**, except holidays  
*Check-in closes at 12:45 p.m.*

**North Justice Center**  
Self Help Center, 3rd Floor, Room 355  
1275 North Berkeley Ave.  
Fullerton, CA 92832

Mondays: **12:00 p.m.**, except holidays  
*Check-in closes at 12:15 p.m.*

Please plan to be at the courthouse up to 4 hours to allow for workshop and processing of your paperwork.

\*Please arrive on time as seating is limited and services are provided on a first-come, first-served basis. Only the first ten (10) people will be admitted.

**What to Bring:**

- This **COMPLETED** “Workshop Registration Packet”
- Child support and/or domestic violence court case numbers (if applicable)
- Black Pen

\* Workshop Presenters will **not** give legal advice \*



# REGISTRATION PACKET

## HOW TO ESTABLISH PARENTAGE AND/OR GET CUSTODY/VISITATION ORDERS (UNMARRIED PARENTS)

### INITIAL INFORMATION ABOUT YOU AND THE OTHER PARENT

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Your full legal name:

*First name*

*Middle name*

*Last name*

Other Parent's full legal name:

*First name*

*Middle name*

*Last name*

Your current address \_\_\_\_\_  
\_\_\_\_\_

A phone number where the Self-Help Center Staff can contact you \_\_\_\_\_

Email address: \_\_\_\_\_ or My Court Card # \_\_\_\_\_

Other Parent's current address: \_\_\_\_\_  
\_\_\_\_\_

Are you requesting to change the child's last name? \_\_\_\_\_

Do you need to make any changes to the child's birth certificate? \_\_\_\_\_  
\_\_\_\_\_

Have you, or your minor children, been involved in other court actions with this person?

Divorce [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

Domestic Violence [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

Juvenile Court [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

Adoption [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

Guardianship [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

Child Support [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

Other [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

## INFORMATION ABOUT YOUR CHILDREN WITH THE OTHER PARENT

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How many children are involved in this case? \_\_\_\_\_

Is there a child who is not yet born? [ ] Yes [ ] No

Have your children always lived together with their brothers / sisters? [ ] Yes [ ] No

If no, then use the *Other Children's Addresses* section below to show where your other child(ren) have lived.

Where did each child live for the past FIVE years?

### *Child #1*

| Child's full legal name        |    |     | Place of birth | Date of birth                                 | Sex          |
|--------------------------------|----|-----|----------------|---|--------------|
| Period of residence (MM/DD/YY) |    |     | Address        | Person(s) child lived with ( <i>name(s)</i> ) | Relationship |
|                                | to | NOW |                |   |              |
|                                | to |     |                |   |              |
|                                | to |     |                |   |              |
|                                | to |     |                |   |              |
|                                | to |     |                |   |              |

### *Child #2*

| Child's full legal name | Place of birth | Date of birth | Sex |
|-------------------------|----------------|---------------|-----|
|-------------------------|----------------|---------------|-----|

### *Child #3*

| Child's full legal name | Place of birth | Date of birth | Sex |
|-------------------------|----------------|---------------|-----|
|-------------------------|----------------|---------------|-----|

### *Child #4*

| Child's full legal name | Place of birth | Date of birth | Sex |
|-------------------------|----------------|---------------|-----|
|-------------------------|----------------|---------------|-----|

### *Other Children's Addresses*

| Child's full legal name        |    |  | Place of birth | Date of birth                                 | Sex          |
|--------------------------------|----|--|----------------|---|--------------|
| Period of residence (MM/DD/YY) |    |  | Address        | Person(s) child lived with ( <i>name(s)</i> ) | Relationship |
|                                | to |  |                |   |              |
|                                | to |  |                |   |              |
|                                | to |  |                |   |              |
|                                | to |  |                |   |              |
|                                | to |  |                |   |              |

# INFORMATION ABOUT YOUR EXPENSES

The following people live with me:

Average monthly expenses:  Estimated expenses  Actual expenses  Proposed Needs

| Name | Age | How this person is related to me? (ex. son) | That person's gross monthly income | Pays some of the household expenses?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|------|-----|---|------------------------------------|--|
|      |     |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|      |     |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|      |     |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|      |     |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|      |     |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

- |  |          |  |          |
|--|----------|--|----------|
| a. Home  |          | h. Laundry & cleaning  | \$ _____ |
| (1) <input type="checkbox"/> Rent or <input type="checkbox"/> Mortgage | \$ _____ | i. Clothes   | \$ _____ |
| (2) Real property taxes  | \$ _____ | j. Education   | \$ _____ |
| (3) Homeowner's/renter's insurance                                     | \$ _____ |  |          |
| (4) Maintenance and repair   | \$ _____ | k. Entertainment, gifts, vacation  | \$ _____ |
| b. Health care costs not covered by insurance                          | \$ _____ | l. Auto expenses & transportation (insurance, gas, repairs, bus)             | \$ _____ |
| c. Child Care, school expenses   | \$ _____ | m. Insurance (life, accident, etc. <b>do not</b> include auto, home, health) | \$ _____ |
| d. Groceries, household supplies                                       | \$ _____ |  |          |
| e. Eating out  | \$ _____ | n. Savings and investments   | \$ _____ |
| f. Utilities (gas, electric, water, trash)                             | \$ _____ | o. Charitable contributions  | \$ _____ |
| g. Telephone, cell phone, e-mail                                       | \$ _____ | p. Child, spousal support (another marriage)                                 | \$ _____ |
|  |          | q. Wages/earnings withheld by court order                                    | \$ _____ |
|  |          | r. Other monthly expenses (gym, magazines, newspapers, etc.)                 | \$ _____ |

## Installment payments

(List here any loan payments, credit cards, credit accounts, revolving accounts not already listed above)

| Paid to<br>(i.e. name of account, bank, credit card, etc.) | Type of payment<br>(i.e. auto loan, credit card, etc.) | Monthly payment amount | Balance  | Date of last payment<br>(mo/yr) |
|--|--|------------------------|----------|---------------------------------|
|  |  | \$ _____               | \$ _____ |                                 |
|  |  | \$ _____               | \$ _____ |                                 |
|  |  | \$ _____               | \$ _____ |                                 |
|  |  | \$ _____               | \$ _____ |                                 |
|  |  | \$ _____               | \$ _____ |                                 |
| Total monthly installment payments:                        |  | \$ _____               |          |                                 |

## Monthly Deductions (List each payroll deduction and amount below):

1. Federal Income Tax \$ \_\_\_\_\_
2. CA State Income Tax \$ \_\_\_\_\_
3. FICA and Medicare \$ \_\_\_\_\_
4. CA SDI \$ \_\_\_\_\_
5. Other Payroll Deductions \$ \_\_\_\_\_

## INFORMATION ABOUT YOUR INCOME

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### Employment:

(Give information on your current job or, if you're unemployed, your most recent job.)

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour

\* If you have more than one job, attach an 8½" x 11" piece of paper and list the same information as above for your other jobs.

### Public Assistance:

Are you currently receiving any of the following public benefits? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Medi-Cal                           | <input type="checkbox"/> In-Home Support Services (IHSS)               |
| <input type="checkbox"/> Food Stamps                        | <input type="checkbox"/> CalWORKS or Tribal TANF                       |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) |
| <input type="checkbox"/> State Supplementary Payment (SSP)  | <input type="checkbox"/> County Relief / General Assistance            |

## LEGAL DEFINITIONS

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The following general definitions are provided to assist you in your understanding and to aid you in your decision to proceed.

### I. Child Custody and Visitation

**Custodial Parent** The parent that has primary care, custody, and control of the child(ren).

**Custody Mediation** A meeting with a trained, neutral third party who helps the parents try to agree on a parenting plan for their children.

**Parenting Plan** A detailed custody and visitation agreement that says when the child will be with each parent and how decisions are made. The parenting plan may be developed by the parents, through mediation, with the help of lawyers, or by a judge after a trial or hearing.

**Supervised Visitation** Visitation between a parent and a child that happens in the presence of another specified adult. The court may order supervised visitation when there has been domestic violence, child abuse, or a threat to take the child out of state.

**Child Custody** The rights and responsibilities between parents for their child(ren). A parenting plan must describe the legal custody and physical custody that is in the best interest of the children. This term is also often used to describe who the children live with.

**Legal Custody** A parent's right and responsibility to make decisions about a child's health, education and well being. There are two types of legal custody orders: joint legal custody and sole legal custody.

**Physical Custody** Where the children live, who takes care of them, and how much time they spend with each parent. There are two types of physical custody arrangements: primary or sole physical custody and joint or shared physical custody.

**Joint Custody** A court order that gives both parents legal and physical custody of a child.

**Joint Legal Custody** A type of court order that allows either or both parents to make important decisions about a child's health, education, and well being.

**Joint Physical Custody** A type of court order in which a child spends about the same amount of time living with both parents.

**Sole Legal Custody** A type of court order in which one parent has the legal authority to make the major decisions affecting the child, such as decisions regarding: health care, education, and religion. If the parents do not agree on a decision about the child, the parent with sole legal custody has the right to make the final decision. "Sole custody" does not give one parent the right to move away with the child without notice to the other parent unless the court order specifically gives that right.

**Primary Physical Custody** A type of court order in which a child lives with one parent more than the other parent.

## II. Child Support

**Support Order** A court order for the support of a child, spouse or domestic partner. A support order can include monetary support; health care; payment of debts; or repayment of court costs and attorney fees, interest, and penalties; and other kinds of support

- a. **Child Support** Money paid by a parent to help support a child or children.
- b. **Spousal Support** Court-ordered support of a spouse or ex-spouse; sometimes also referred to as "maintenance" or "alimony."

## III. Miscellaneous

**Declaration** A sworn, written statement that is used as evidence in court. The statement supports or establishes a fact. The person that makes the declaration certifies or declares under penalty of perjury that the statement is true and correct. The person that makes the declaration is called the "declarant." The declarant must sign and date the declaration. The declaration must also say where the declaration was signed or that it was made under the laws of the State of California.

**Commissioner** A person chosen by the court and given the power to hear and make decisions in certain kinds of legal matters.