

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <p style="text-align: center;">13239 Holly Tree Lane Poway, CA 92064</p> <p>Amanda Burton</p> TELEPHONE NO.: 858-442-2182 FAX NO. (Optional): E-MAIL ADDRESS (Optional): amanda.elaine.burton@gmail.com ATTORNEY FOR (Name):	FOR COURT USE ONLY <div style="text-align: center;"> FILED Clerk of the Superior Court MAR 05 2019 By: F. Diaz de Leon, Deputy <i>[Signature]</i> </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego, Central STREET ADDRESS: 1100 Union Street, San Diego CA 92101 MAILING ADDRESS: 1100 Union St, San Diego CA 92101 CITY AND ZIP CODE: San Diego CA 92101 BRANCH NAME: Central Division	
PETITIONER: Amanda Burton RESPONDENT: Peter Smith Rick OTHER PARTY/PARENT:	
ORDER FOR <input checked="" type="checkbox"/> PUBLICATION OR <input type="checkbox"/> POSTING	CASE NUMBER: 18FL013435C

- Publication Granted:** The court finds that the respondent cannot be served in any other manner specified in the California Code of Civil Procedure. The court orders that the documents listed in item 6 be served by publication at least once per week for four successive weeks in the following newspaper (specify): **Global Legal Notices**
www.globallegalnotices.com
- Posting Granted:** The court finds that the respondent cannot be served in any other manner specified in the California Code of Civil Procedure and that the petitioner cannot afford to serve by publication. The court orders that the documents listed in item 6 be served by posting for 28 continuous days at the following location (address):

And that the documents in item 6, along with this order, be mailed to respondent's last known address (specify):

- Publishing Denied:** The court denies the request to publish.
 - Other methods of service are possible.
 - Insufficient attempts have been made to locate the respondent (specify):
- Posting Denied:** The court denies the request to post.
 - Other methods of service are possible.
 - Petitioner is able to pay fees required for publication.
 - Insufficient attempts have been made to locate the respondent (specify):
- Hearing Required:** The court orders that a hearing be set to determine the petitioner's financial circumstances. If at this hearing the court decides that the petitioner, based on financial circumstances, does not qualify for posting, then the court may order that the documents listed in item 6 be served by publication.

Hearing date: _____ Time: _____ Dept: _____

- Documents to be served by publication or posting:
 - Summons (Family Law)** (form FL-110)
 - Summons (Uniform Parentage—Petition for Custody and Support)** (form FL-210)
 - Other (specify):

7. If, during the 28 days of publication or posting, you locate the respondent's address, you must have someone 18 years of age or older mail the documents listed in item 6 to the respondent along with this order. The server must complete and file with the court a **Proof of Service by Mail** (form FL-335).

Date: 3/5/19

[Signature]
Daniel F. Link JUDICIAL OFFICER

1944

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

PETITIONER: <i>Amanda Burton</i> RESPONDENT: <i>Peter Smith Rick</i> OTHER PARTY/PARENT:	CASE NUMBER: <i>18FL 013435C</i>
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INSTRUCTIONS

Publication:

1. **Publication:** Take this order to the approved newspaper for publication and pay the fee to publish the documents listed in item 6 of this order for at least once a week for four successive weeks.
2. **Proof of Service by Publication:** After the newspaper publication is complete, the newspaper will send you a declaration or affidavit of publication and a copy of the publication notice that appeared in the newspaper. You must file this declaration or affidavit of publication with the court clerk if it has not been filed by the newspaper. Be sure to make a copy for yourself.
3. **Service by Publication Completed:** Service by publication is complete at the end of the 28th day of publication in the newspaper. If no response has been filed by the respondent, the petitioner may file a *Request to Enter Default* (form FL-165) starting on the 59th day after the first day of publication.
4. **Mailing:** If during the time of publication, you locate the respondent's address, you must have someone 18 years of age or older mail the this order and all documents listed in item 6 of this order to the respondent. Be sure the person who mails these documents completes and files a proof of service of this mailing. The server may use *Proof of Service by Mail* (form FL-335).

Posting:

1. **Posting Location:** You must have someone, 18 years of age or older and not a party to the case, post a copy of this *Order for Publication or Posting* (form FL-982) and all documents listed in item 6 of this order at the court-ordered posting location leaving it posted for 28 days in a row.
2. **Mailing to last known address:** You must have someone, 18 years or older and not a party to the case, mail this *Order for Publication or Posting* (form FL-982) and all documents listed in item 6 of this order to the respondent's last known address. The person who mails these documents completes a proof of service of this mailing. The server may use *Proof of Service by Mail* (form FL-335).
3. **Proof of Service by Posting:** The person (server) who posts and/or mails these documents must complete and file a declaration under penalty of perjury of such proof of posting. The server may use *Proof of Service of Posting* (form FL-985).
4. **Service by Posting Completed:** Service by posting is complete at the end of the 28th day of posting. If no response has been filed by the respondent, the petitioner may file a *Request to Enter Default* (form FL-165) on the 59th day after the first day of posting.
5. **Mailing:** If during the time of posting, you locate the respondent's address, you must have someone 18 years of age or older mail the this order and all documents listed in item 6 of this order to the respondent. Be sure the person who mails these documents completes and files a proof of service of this mailing. The server may use *Proof of Service by Mail* (form FL-335).

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name): Peter Smith Rick
AVISO AL DEMANDADO (Nombre):

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

FILED

Clerk of the Superior Court

NOV 14 2018

You have been sued. Read the information below and on the next page.
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name is: Amanda Burton
Nombre del demandante:

18FL013435C
603: LINK, DANIEL F.

CASE NUMBER (NÚM.)

You have 30 calendar days after this *Summons* and *Petition* are served on you to file a *Response* (form **FL-120**) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local county bar association.

*Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario **FL-120**) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.*

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.

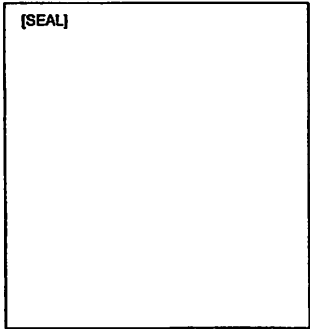
Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:
These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2: Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidi la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.



- The name and address of the court are (El nombre y dirección de la corte son):
San Diego Superior Court - Central Division
1100 Union St.
San Diego CA 92101
- The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):
Amanda Burton
13239 Holly Tree Lane
Poway, CA 92064

Date (Fecha): **NOV 14 2018**

Clerk, by (Secretario, por) M. Nunez, Deputy (Asistente)

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. *llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;*
2. *cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);*
3. *transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y*
4. *crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.*

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

NOTICE—ACCESS TO AFFORDABLE HEALTH

INSURANCE: Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

WARNING—IMPORTANT INFORMATION

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:
 NAME: Amanda Burton
 FIRM NAME:
 STREET ADDRESS: 13239 Holly Tree Lane
 CITY: Poway STATE: CA ZIP CODE: 92064
 TELEPHONE NO.: FAX NO.:
 E-MAIL ADDRESS:
 ATTORNEY FOR (name):

FOR COURT USE ONLY
 FILED
 Clerk of the Superior Court
 NOV 14 2018
 18FL013435C
 603: LINK, DANIEL F.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
 STREET ADDRESS: SAN DIEGO SUPERIOR COURT
 MAILING ADDRESS: FAMILY COURT
 CITY AND ZIP CODE: 1100 UNION STREET
 BRANCH NAME: SAN DIEGO, CA 92101

PETITIONER: Amanda Burton
 RESPONDENT: Peter Smith Rick

PETITION FOR AMENDED CASE NUMBER:
 Dissolution (Divorce) of: Marriage Domestic Partnership
 Legal Separation of: Marriage Domestic Partnership
 Nullity of: Marriage Domestic Partnership

1. LEGAL RELATIONSHIP (check all that apply):

- a. We are married.
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this Petition. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
- b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This Petition is filed in the county where we married.
 Petitioner lives in (specify): Respondent lives in (specify):

3. STATISTICAL FACTS

- a. (1) Date of marriage (specify): 22 March 2016 (2) Date of separation (specify): 8 July 2018
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. MINOR CHILDREN

- a. There are no minor children.
- b. The minor children are:

Child's name	Birthdate	Age	Sex

- (1) continued on Attachment 4b.
- (2) a child who is not yet born.
- c. If any children listed above were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) must be attached.
- e. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

PETITIONER: <u>Amanda Burton.</u>	CASE NUMBER:
RESPONDENT: <u>Peter Smith Rick</u>	

Petitioner requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200-2210, 2310-2312)

- a. Divorce or Legal separation of the marriage or domestic partnership based on (check one):
 - (1) irreconcilable differences.
 - (2) permanent legal incapacity to make decisions.
- b. Nullity of void marriage or domestic partnership based on
 - (1) incest.
 - (2) bigamy.
- c. Nullity of voidable marriage or domestic partnership based on
 - (1) petitioner's age at time of registration of domestic partnership or marriage.
 - (2) prior existing marriage or domestic partnership.
 - (3) unsound mind.
 - (4) fraud.
 - (5) force.
 - (6) physical incapacity.

X 6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As requested in	<input type="checkbox"/> form FL-311	<input type="checkbox"/> form FL-312	<input type="checkbox"/> form FL-341(C)	
	<input type="checkbox"/> form FL-341(D)	<input type="checkbox"/> form FL-341(E)	<input type="checkbox"/> Attachment 6c(1)	

X 7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. Other (specify):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (specify): Neither will receive support now or in the future

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in Property Declaration (form FL-160). Attachment 9b.
 the following list. Item Confirm to

PETITIONER: <u>Amanda Burton</u> RESPONDENT: <u>Peter Smith Rick</u>	CASE NUMBER: _____
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160) in Attachment 10b.
 - as follows (*specify*):

X 11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Petitioner's former name be restored to (*specify*):
- c. Other (*specify*):

Continued on Attachment 11c.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12 November 2018
Amanda Burton
(TYPE OR PRINT NAME)

Amanda Burton
(SIGNATURE OF PETITIONER)

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form FL-107-INFO) and visit "Families Change" at www.familleschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

**CENTRAL DIVISION
1100 UNION STREET
SAN DIEGO CA 92101**

TO: Peter Smith Rick
No Known Address

Amanda Burton	Petitioner	Case No: 18FL013435C
Peter Smith Rick	Respondent	NOTICE OF CASE ASSIGNMENT
	vs.	Judicial Officer: DANIEL F. LINK
		Department: 603
		Phone: 619-844-2973

COMPLAINT FILED 11/14/2018

THIS CASE HAS BEEN **ASSIGNED FOR ALL PURPOSES** TO THE JUDICIAL OFFICER LISTED ABOVE.

DCSS SUPPORT ISSUES AND OTHER SPECIAL CIRCUMSTANCES MAY RESULT IN THE ASSIGNED JUDICIAL OFFICER ORDERING A HEARING/TRIAL IN FRONT OF ANOTHER JUDICIAL OFFICER.

IT IS THE DUTY OF THE PETITIONER TO SERVE A COPY OF THIS NOTICE WITH THE PETITION/COMPLAINT.

EACH PARTY SHALL NOTIFY THE COURT OF A CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER WITHIN FIVE COURT DAYS OF ANY CHANGE.

Amanda Burton (P)

For more information, refer to California Rules of Court, Title V, Family and Juvenile Rules, at www.courts.ca.gov and San Diego Superior Court Family Law Local Rules, Division Five, at www.sdcourt.ca.gov.

A family law case assigned to an Independent calendar judge for all purposes may be reassigned to the court's master calendar, as necessary, for the purpose of assigning a different judge to hear a trial or a long cause hearing. The family law supervising judge, the designated supervising judge or the assistant supervising judge will act in his or her capacity as the judge supervising the master calendar when making the assignment. A peremptory challenge must be made at the time the parties are provided with notice of the assignment. See Code of Civil Procedure, section 170.6(a)(2).

I certify that: I am not a party to the above-entitled case; On the date shown below, I placed a true copy of the NOTICE OF CASE ASSIGNMENT in separate envelopes, addressed to each addressee shown above; each envelope was then sealed and, with postage thereon fully prepaid, deposited in the United States Postal Service at: **San Diego, California.**

DATED: 11/14/2018

BY: CLERK OF THE SUPERIOR COURT



Superior Court of California
County of San Diego

**NOTICE OF ELECTRONIC CASE FILE
AND IMAGED DOCUMENTS**

This case has been Imaged and the Imaged case is now the official record of the Court. ALL pleadings and documents including all original documents attached to pleadings filed with the court will be imaged and destroyed. Original documents, other than pleadings should be lodged with the court pursuant California Rules of Court, rule 3.1302(b).

On August 24, 2015, the San Diego Superior Court began the Family Court Imaging Program. All new Family Court cases initiated on or after August 24, 2015, have been and will be imaged and the electronic version of the document will be the official court record. The official court record is accessible at one of the many kiosks located in the Family Court Business Offices.

The electronic copy of the filed document(s) will be the official court record pursuant to Government Code section 68150. The paper filings will be imaged and held for 30 days. After that time they will be destroyed and recycled. **Thus, you should not attach any original documents to pleadings filed with the San Diego Superior Court.** Any original documents necessary for a motion hearing or trial shall be lodged in advance of the hearing or trial pursuant to California Rules of Court, rule 3.1302(b).

It is the duty of each petitioner to serve a copy of this notice with the petition/complaint on the Respondent and all parties in this case.

On all pleadings filed after the initial case originating filing, all parties must, to the extent it is feasible to do so, place the words **"IMAGED FILE"** in all caps immediately under the case number on all subsequent pleadings filed in the action.

Please refer to the General Order - Imaging located on the San Diego Superior Court website at:

<http://www.sdcourt.ca.gov/FamilyImagingGeneralOrder>

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

**CENTRAL DIVISION
1100 UNION STREET
SAN DIEGO, CA 92101
619-844-2973**

**TO: Peter Smith Rick
No Known Address**

Amanda Burton	Petitioner(s)	CASE NO: 18FL013435C
	vs.	NOTICE TO APPEAR
Peter Smith Rick	Respondent(s)	

**Notice is given that the above-entitled case has been set for the reason listed below and at the location shown above.
ALL INQUIRIES REGARDING THIS NOTICE SHOULD BE REFERRED TO THE COURT AND PHONE NUMBER LISTED ABOVE.**

<u>TYPE OF HEARING</u>	<u>DATE</u>	<u>TIME</u>	<u>DEPT</u>
Self Represented Family Resolution Conference	03/20/2019	8:30 AM	603

DANIEL F. LINK

Amanda Burton (P)
Peter Smith Rick (R)

You are hereby notified that your appearance at this hearing is mandatory.

For more information about this type of hearing, refer to California Rules of Court, Title V, Family and Juvenile Rules at www.courts.ca.gov, San Diego Superior Court Family Law Local Rules, Division Five, at www.sdcourt.ca.gov, and San Diego Superior Court local form SDSC D-080.

I certify that: I am not a party to the above-entitled case; On the date shown below, I placed a true copy of the NOTICE TO APPEAR in separate envelopes, addressed to each addressee shown above; each envelope was then sealed and, with postage thereon fully prepaid, deposited in the United States Postal Service at: **San Diego, California.**

DATED: 11/14/2018

BY: CLERK OF THE SUPERIOR COURT



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY CENTERED CASE RESOLUTION PROCESS GENERAL INFORMATION

Family law cases include divorce, legal separation, nullity, parentage, and domestic violence. Detailed information about each type of family law case can be found on the San Diego Superior Court's website (www.sdcourt.ca.gov) and the California Judicial Council's website (www.ca.courts.gov). These websites provide answers to frequently asked questions, terms and definitions used in family law cases, forms with step-by-step instructions, local and state rules of court, and information on where to find help.

CASE RESOLUTION PROCESS & CONFERENCES

All family law cases are governed by the Family Centered Case Resolution Process. In San Diego, when one or both parties have an attorney, the court will set a Family Centered Case Resolution Conference (FRC). An FRC is a hearing at which the parties, their attorneys, and a judicial officer work together to develop a plan for managing the case and resolving issues as quickly, fairly, and efficiently as possible. When both parties are self-represented litigants (SRL), the court will set a Self-Represented Family Case Resolution Conference (SFRC). The court automatically sets the initial FRC/SFRC. A request for an FRC/SFRC earlier than or in addition to the one set by the court can be made by ex parte application.

- **FRC.** Attendance at the FRC is mandatory either in person or by telephone. Appearance by telephone is made through Court Call (www.courtcall.com or (888) 882-6878) and does not require a prior court order. Both attorneys and SRLs must be familiar with the case, prepared to discuss the party's positions on all issues, and enter into stipulations where possible. The hearing will typically end with a written case resolution order signed by the judicial officer. This order will provide an easily accessible written record of the decisions made at the FRC, facilitate future case management planning, and minimize disputes over previous decisions.
- **SFRC.** An SFRC is similar to an FRC except the SRLs meet first with a Family Law Facilitator (FLF) in person, not by telephone. The Facilitator will help the parties correct any procedural deficiencies and negotiate a full or partial settlement of their case when possible. If the parties reach a settlement, the Facilitator will assist in preparing a judgment which the parties can take into court that day, meet with the judicial officer, and have the judgment signed. If a trial is requested, the parties will go into the courtroom to have the judicial officer set case deadlines and a trial date. Each SRL is to bring copies of their paystubs for the last two months and their last two years of income tax returns to the SFRC.

CASE RESOLUTION INFORMATION & LOCAL RESOURCES

- **Summary of Case Process.** The Judicial Council form, Legal Steps for a Divorce or Legal Separation (JC Form #FL-107-INFO), provides an overview of the legal steps for a divorce, important notices, statewide resources, and services available at all California courts. The form is available online or in any of the court's business offices.
- **Legal Advice.** If you want to consult with or hire an attorney but do not know anyone, you can contact the San Diego County Bar Lawyer Referral Service at www.sdcba.org or (800) 464-1529. If you would like to be represented by an attorney but cannot afford one, you can contact the Legal Aid Society at www.lasds.org or (877) 534-2524, or the San Diego Volunteer Lawyer Program at www.sdvlp.org or (619) 235-5656, to inquire into your eligibility for low cost or free legal services.
- **Procedural Assistance.** If you do not have an attorney, FLF can provide you with general legal information, help fill out court forms, and explain procedures. FLF is located at every division of the court. Both one-on-one services and group workshops are offered. The services are free but available on a first-come, first-served basis. Detailed information about locations, days and hours of service, and types of services available is on the court's website.
- **Settlement Opportunities.**
 - **Child Custody.** Before any court order can be made on a disputed child custody or visitation issue, the parties must participate in a child custody recommending counseling session with a court counselor from Family Court Services (FCS) or stipulate to private mediation at the parties' expense. For additional information, view the FCS Orientation video on the court's website.
 - **Mandatory Settlement Conference (MSC).** Before any trial, parties with attorneys will participate in an MSC. The purpose of the MSC is to informally discuss the disputed issues and facts in the case with a qualified family law attorney appointed by the court to act as a neutral third party. The goal is to reach a signed settlement agreement on some or all of the disputed issues without going through a time-consuming and expensive trial. There is no charge for the settlement conference. Cases where both parties are SRLs do not participate in an MSC. Settlement opportunities are at the SFRC, discussed above.
 - **Private Resources.** Mediation, collaborative law, and other types of settlement resolutions are also available from any number of private business at the parties' own cost. The court does not provide a list of these outside resources nor endorse any private business.
- **Domestic Violence (DV) Services.** DV clinics are located in each division of the court. The downtown clinic is in the Madge Bradley court located at 1409 4th Avenue and not in the Family Court located at 1555 6th Avenue. The clinics provide free assistance in preparing court forms to obtain or respond to a request for a DV restraining order. Comprehensive information about DV, including forms and local shelters, is on the court's website. The domestic violence hotline number is (800) 799-SAFE ((800) 799-7233).
- **Personal Contact Information.** Every party is obligated to keep the court advised of their current mailing address and other contact information. Do this by completing and filing the Notice of Change of Address or Other Contact Information form (JC Form #MC-040), available online or in any of the court's business offices.

NOTE: This form is intended to provide only general information. It is not legal advice, and should not be used as a substitute for legal advice from an attorney licensed by the State Bar of California. If you have any questions about your legal rights, you should talk to an attorney. Also, the San Diego Superior Court does not control or maintain the websites on this form and cannot be responsible for the accuracy of the information or content they contain. In addition, the content of a website may change, and the court would not necessarily be aware of the change. When you access one of these websites, you are subject to the terms of use and privacy policies of that website.

CHILDREN ARE NOT ALLOWED IN THE COURTROOM. PLEASE ARRANGE FOR CHILDCARE.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Amanda Burton 13239 Holly Tree Lane Poway CA 92064 TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY FILED Clerk of the Superior Court NOV 14 2018 18FL013435C 603: LINK, DANIEL F.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S) Amanda Burton	
RESPONDENT(S) Peter Smith Rick	
OTHER	
FAMILY LAW CERTIFICATE OF ASSIGNMENT-VENUE DECLARATION	CASI

INSTRUCTIONS: In order for the court to assign your case to the proper court location, this venue declaration is required when an individual files a new family law case, including domestic violence cases. For active cases with the Family Support Division (FSD), filed by the Department of Child Support Services, this venue declaration must be submitted with the first papers filed by a party requesting custody or visitation orders after both parents have become parties to the FSD case, or when a party files a request for domestic violence restraining orders.

SANCTIONS: Notice is hereby given that knowingly or purposefully filing a case in the improper venue is good cause for imposing monetary sanctions.

I (type or print name), Amanda Burton, declare that this action is filed in the proper venue within the County of San Diego based on the type of case and the applicable residential Zip Code in accordance with the Code of Civil Procedure §§ 395(a), 402, the California Rules of Court, and the San Diego Superior Court Rules.

(Check one)

- Petitioner resides in the County of San Diego within Zip Code 92064
- Respondent resides in the County of San Diego within Zip Code _____
- In the FSD case, the party requesting custody, visitation, or domestic violence restraining orders resides in the County of San Diego within Zip Code _____
- In the FSD case, the other parent resides in the County of San Diego within Zip Code _____
- Other (specify—include type of case and venue statute) _____

The Zip Code stated above is within the filing boundaries of the family court location marked below, according to the Zip Code List of the San Diego Superior Court (SDSC Form #ADM-254).

(Check one)

- Central Division (1100 Union St.; 1555 6th Ave.; 1409 4th Ave.; and 220 W. Broadway, San Diego, CA 92101)
- South County Division (500 3rd Ave., Chula Vista, CA 91910)
- East County Division (250 E. Main St., El Cajon, CA 92020)
- North County Division (325 S. Melrose Dr., Vista, CA 92081)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12 November 2018

Amanda Burton
Signature of Party or Attorney

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Amanda Burton 13239 Holly Tree Ln Poway CA 92064 TELEPHONE NO.: 858 442 2182 FAX NO.: N/A E-MAIL ADDRESS: amanda.elaine.burton@gmail.com ATTORNEY FOR (Name): self	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 1100 Union St MAILING ADDRESS: CITY AND ZIP CODE: San Diego CA 92101 BRANCH NAME: Central Courthouse	
PETITIONER: Amanda Burton RESPONDENT: Peter Smith Rick OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE <input checked="" type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER: 18FL013435C

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).
- In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).
- Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.
- Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed Income and Expense Declaration (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
 No tax returns filed in last 2 years
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form).
 None
5. A statement of all material facts and information regarding obligations for which the community is liable (not a form).
 None
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).
 None

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 9 Dec 2018
 Amanda Burton
(TYPE OR PRINT NAME)

Amanda Burton
SIGNATURE

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Amanda Burton 13239 Holly Tree Ln Poway CA 92064 ATTORNEY FOR (Name): self	TELEPHONE NO.: 858 442 2182
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER: Amanda Burton RESPONDENT: Peter Smith Rick	
SCHEDULE OF ASSETS AND DEBTS <input checked="" type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER: 18FL013435C

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) None			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.) None				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.) None				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4. VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.) None				\$	\$
5. SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.) None					
6. CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.) Wells Fargo checking 936 0910179 Poway Branch		P	2008	\$30.42	Ø
7. CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.) None					
8. CASH (Give location.) None					
9. TAX REFUND None					
10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.) None					

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
	None				
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
	None				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
	None				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
	None				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
	None				
16.	OTHER ASSETS				
	None				
17.	TOTAL ASSETS FROM CONTINUATION SHEET	P		\$ 30.42	
18.	TOTAL ASSETS			\$ 30.42	\$

ITEM NO. DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19. STUDENT LOANS (Give details.) None		\$	
20. TAXES (Give details.) None			
21. SUPPORT ARREARAGES (Attach copies of orders and statements.) None			
22. LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.) None			
23. CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.) Wells fargo credit card	P	\$1604.30	
24. OTHER DEBTS (Specify): None			
25. TOTAL DEBTS FROM CONTINUATION SHEET	P	1604.30	
26. TOTAL DEBTS		\$1604.30	

27. (Specify number): _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 9 Dec 2018

Amanda Burton
(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)

Wells Fargo Everyday Checking

Account number: 9360910179 ■ September 29, 2018 - October 26, 2018 ■ Page 1 of 4

WELLS
FARGO

AMANDA E BURTON
13239 HOLLY TREE LN
POWAY CA 92064-4647

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input type="checkbox"/>
Online Bill Pay	<input checked="" type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Activity summary

Beginning balance on 9/29	-\$106.62
Deposits/Additions	1,307.40
Withdrawals/Subtractions	- 1,000.96
Ending balance on 10/26	\$199.82

Account number: 9360910179

AMANDA E BURTON

California account terms and conditions apply

For Direct Deposit use

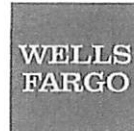
Routing Number (RTN): 121042882

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
10/1		Purchase Return authorized on 09/26 Flydubai - 141720 1-800-380-654 NY S468270114818521 Card 8467	242.00		
10/1		Online Transfer From Jah Children Business Checking xxxxxx8361 Ref #Ib056Npgnd on 09/29/18	59.95		
10/1		Online Transfer From Jah Children Business Checking xxxxxx8361 Ref #Ib056Npqrt on 09/29/18	46.67		242.00
10/2		Online Transfer to Jah Children Ref #Ib057594W7 Business Checking Return to Business Account		46.67	
10/2		Venmo Payment 1385381044 Amanda Burton		6.95	188.38
10/9		Transfer From Cowan Shahid on 10/08 Ref # Pp057Xcjwr	100.00		
10/9		Purchase Intl authorized on 10/04 Lulu Hypermarket-J Bahrain Bhr S308277332097375 Card 8467		59.73	
10/9		International Purchase Transaction Fee		1.79	226.86
10/10		Purchase Intl authorized on 10/08 Heberer Terminal A Frankfurt Am Deu S588282221204747 Card 8467		5.52	
10/10		International Purchase Transaction Fee		0.16	
10/10		Purchase Intl authorized on 10/09 Lagardere T.R.Deut Frankfurt Am Deu S588282254686925 Card 8467		4.37	
10/10		International Purchase Transaction Fee		0.13	
10/10		Purchase authorized on 10/10 Sprouts Farmers Mkt#229 Poway CA P00468283661084650 Card 8467		37.33	
10/10		Purchase authorized on 10/10 Target T- 14823 Pomeria Poway CA P0000000872305090 Card 8467		21.54	
10/10		Purchase authorized on 10/10 North Park Prod Poway CA P0000000836459717 Card 8467		14.62	143.19
10/12		Purchase authorized on 10/11 Luna Grill - Scrip San Diego CA S588284773519934 Card 8467		9.70	
10/12		Online Transfer to Jah Children Ref #Ib058Jskgr Business Checking Venmo Meds		60.00	73.49
10/15		Purchase authorized on 10/11 Loving Hut San Diego CA S308285140659391 Card 8467		35.17	
10/15		Purchase authorized on 10/13 Trader Joe's # 023 San Diego CA P00588286710383494 Card 8467		12.92	25.40
10/16		Transfer From Cowan Shahid on 10/16 Ref # Pp0592Nfdk	100.00		125.40
10/17		Purchase authorized on 10/16 Circle K 09476 San Diego CA P0000000836852494 Card 8467		19.84	105.56
10/18		Purchase authorized on 10/17 Luna Grill - Scrip San Diego CA S468290753306247 Card 8467		4.04	
10/18		Purchase authorized on 10/17 Sprouts Farmers Mkt#229 Poway CA P00308291052238234 Card 8467		25.94	75.58
10/19		Purchase authorized on 10/19 Vons Store 2107 San Diego CA P00308292583392741 Card 8467		2.25	
10/19		Purchase authorized on 10/19 Vons Store 2107 San Diego CA P00468292584713589 Card 8467		13.02	
10/19		Online Transfer to Jah Children Ref #Ib059Glxqk Business Checking Venmo Purchase		19.09	41.22
10/22		Mobile Deposit : Ref Number :019220351043	583.78		
10/22		Purchase authorized on 10/21 Sprouts Farmers Mkt#229 Poway CA P00588294774080999 Card 8467		38.78	586.22
10/23		Transfer From Cowan Shahid on 10/23 Ref # Pp059Sf8Zb	100.00		
10/23		Online Transfer Ref #Ib059Tp8Vx to Platinum Card XXXXXXXXXXXX9630 on 10/23/18		400.00	286.22
10/24		Transfer From Cowan Shahid on 10/24 Ref # Pp059Wr2Z5	75.00		
10/24		Transfer to Major Terry on 10/24 Ref #Rp059Yhczb		75.00	
10/24		ILA Designs lat Paypal 181024 1004111016340 Amanda Burton		62.00	224.22



Transaction history (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
10/26		Purchase authorized on 10/25 Luna Grill - Scrip San Diego CA S468298762001790 Card 8467		8.89	
10/26		Purchase authorized on 10/26 Vons Store 2107 San Diego CA P00468299785259258 Card 8467		15.51	199.82
Ending balance on 10/26					199.82
Totals			\$1,307.40	\$1,000.96	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 09/29/2018 - 10/26/2018	Standard monthly service fee \$10.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
· Minimum daily balance	\$1,500.00	-\$106.62 <input type="checkbox"/>
· Total amount of qualifying direct deposits	\$500.00	\$0.00 <input type="checkbox"/>
· Total number of posted Wells Fargo Debit Card purchases and/or payments	10	17 <input checked="" type="checkbox"/>
· The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card		

Monthly service fee discount(s) (applied when box is checked)

Age of primary account owner is 17 - 24 (\$10.00 discount)

RC/RC



Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A Enter the ending balance on this statement. \$ _____

B List outstanding deposits and other credits to your account that do not appear on this statement. Enter the total in the column to the right.

Description	Amount
Total	\$ _____

+ \$ _____

C Add **A** and **B** to calculate the subtotal. = \$ _____

D List outstanding checks, withdrawals, and other debits to your account that do not appear on this statement. Enter the total in the column to the right.

Number/Description	Amount
Total	\$ _____

- \$ _____

E Subtract **D** from **C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = \$ _____

General statement policies for Wells Fargo Bank

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** You have the right to dispute the accuracy of information that Wells Fargo Bank, N.A. has furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **In case of errors or questions about your electronic transfers,** telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
 1. Tell us your name and account number (if any).
 2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.



WELLS FARGO



Account Number
Statement Billing Period
Page 1 of 4

Ending In 9630
09/26/2018 to 10/26/2018

Balance Summary

Previous Balance	\$2,034.75
- Payments	\$500.00
- Other Credits	\$0.00
+ Cash Advances	\$0.00
+ Purchases, Balance Transfers & Other Charges	\$0.00
+ Fees Charged	\$37.00
+ Interest Charged	\$32.55
= New Balance	\$1,604.30
Total Credit Limit	\$1,800

24-Hour Customer Service: 1-800-642-4720
 TTY for Hearing/Speech Impaired: 1-800-419-2265
 Outside the US Call Collect: 1-925-825-7600
 Wells Fargo Online®: wells Fargo.com

Send General Inquiries To:
 PO Box 10347, Des Moines IA, 50306-0347

Total Available Credit \$0

Payment Information

New Balance	\$1,604.30
Minimum Payment	\$86.00
Payment Due Date	11/20/2018

Send Payments To:
 PO Box 51193, Los Angeles CA, 90051-5493

Late Payment Warning: If we do not receive your Minimum Payment by 11/20/2018, you may have to pay a late fee up to \$37.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay ...	You will pay off the New Balance shown on this statement in about ...	And you will end up paying an estimated total of ...
Only the minimum payment	13 years	\$3,507
\$60	3 years	\$2,151 (Savings of \$1,356)

If you would like information about credit counseling services, refer to www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm or call 1-877-285-2108.

Important Information

PLEASE SEE IMPORTANT CHANGES TO YOUR ACCOUNT TERMS ON A SUBSEQUENT PAGE OF YOUR BILLING STATEMENT.

Transactions

Trans	Post	Reference Number	Description	Credits	Charges
-------	------	------------------	-------------	---------	---------

Payments

09/27	09/27	7446539LY0A92N3ED	ONLINE PAYMENT	100.00	
10/23	10/23	7446539MTOA98QWBQ	ONLINE PAYMENT	400.00	
TOTAL PAYMENTS FOR THIS PERIOD				\$500.00	

Fees Charged

10/20	10/20		LATE FEE		37.00
TOTAL FEES CHARGED FOR THIS PERIOD					\$37.00

Interest Charged

		INTEREST CHARGE ON PURCHASES	32.55
		INTEREST CHARGE ON CASH ADVANCES	0.00
TOTAL INTEREST CHARGED FOR THIS PERIOD			\$32.55

2018 Totals Year-to-Date	
TOTAL FEES CHARGED IN 2018	\$286.00
TOTAL INTEREST CHARGED IN 2018	\$305.29

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Continued

5596 YKG 1 7 17 181026 0 F PAGE 1 of 4 1 0 5581 6540 CIHT 01DP5596

Detach and mail with check payable to Wells Fargo. For faster processing, include your account number on your check.

Account Number	4465 4003 2491 9630
New Balance	\$1,604.30
Minimum Payment	\$86.00
Payment Due Date	11/20/2018

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Billing Rights Summary. If you believe your bill is wrong (an "Error"), or if you need more information about a transaction on your bill, write to us on a separate sheet of paper as soon as possible at: P.O. Box 522, Des Moines, IA 50306-0522. We must hear from you no later than 60 days after we sent you the first bill on which the Error appeared. You may notify us using other means (including calling us at the number listed on the front of the statement), but doing so will not preserve your rights.

In your letter (a "Written Notice"), provide the following information:

- Your name and account number.
- The date and dollar amount of the suspected Error.
- Description of the Error and why you believe there is an Error. If you need more information, please describe the item you are not sure about.

You do not have to pay any alleged Error amount while we are investigating, but you are still obligated to pay the parts of your bill that are not part of the alleged Error amount. While we investigate, we cannot report you as delinquent or take any action to collect the alleged Error amount. If you have authorized us to pay your credit card bill automatically from your savings or checking account, you can stop the payment on any amount you believe is an Error. To stop the payment, your Written Notice must reach us three (3) business days before the automatic payment is scheduled to occur.

Special Rule for Credit Card Purchases: If you have a problem with the quality of goods or services you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address and you have not paid the balance of the disputed charge. If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.

Credit Information. NOTICE: We may furnish information about your account to consumer reporting agencies. You have the right to dispute the accuracy of information that we have reported by writing to us at P.O. Box 14517, Des Moines, IA 50306-3517 and describing the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that you believe relates to an identity theft, you will need to provide us with an identity theft report.

Payments. "Conforming Payments" are payments mailed using the enclosed payment coupon to the payment address specified on the statement or, generally, made via the "Transfers" tab or "Make a Payment" link on the credit card Account Activity tab of Wells Fargo Online Banking at <http://www.wellsfargo.com>. Conforming Payments received via mail by 5:00 p.m. will be credited as of the date of receipt. Conforming Payments received after 5:00 p.m. will be credited as of the next day. Cut-off times for Conforming Payments made via our Web site will be disclosed at the time of the transaction. "Non-Conforming Payments" are payments made by any other means and may not receive credit for up to five days after the date of receipt. Non-Conforming payments include, but are not limited to, payments by certified mail, FedEx or UPS, or envelopes addressed illegibly.

Notice About Electronic Check Conversion: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Payment In Full for Less Than Account Balance Request: If you intend to pay your account in full with an amount less than the total owed on your account, you must send your request to us at: P.O. Box 10311, Des Moines, IA 50306-0311. Such payments will not discharge your full debt.

How We Calculate Your Balance. We use a method called "average daily balance (including new purchases)". For more information regarding this calculation, please refer to your Credit Card Account Agreement or call our toll-free Customer Service number located on the front of this statement.

How to Avoid Paying Interest on Purchases. Your Payment Due Date is at least 25 days after the close of each billing period. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.

Secured Accounts. For Secured accounts, your credit card account is secured by a pledge of your Secured Card Collateral Account with Wells Fargo Bank, N.A., established in connection with your application for the card. You agree that this pledge includes and gives the right to Bank to redeem, collect and withdraw any part or the full amount of the Secured Card Collateral Account upon any default under your Secured credit card agreement, or in the event your Secured credit card agreement is terminated by Bank for any reason. This pledge is given as a security interest for any and all amounts you owe, including interest, fees and costs which may accrue under your Secured credit card account. You agree that if your Secured credit card account is closed for any reason, the bank may apply funds in the Secured Card Collateral Account to pay off any balance on the credit card account. If there are still funds remaining in the Collateral Account after doing so, these funds may remain on deposit for up to 60 days before being remitted to you.

Customer Service Monitoring. Calls may be recorded or monitored.

INFORMACIÓN IMPORTANTE SOBRE SU CUENTA

Resumen de Derechos de Facturación. Si cree que hay algún error en su estado de cuenta (un "Error"), o si necesita más información sobre una transacción que aparece en su estado de cuenta, por favor escribanos en una hoja separada tan pronto como le sea posible, a la siguiente dirección: P.O. Box 522, Des Moines, IA 50306-0522. Debe comunicarse con nosotros dentro de un lapso de 60 días de la fecha en que le hayamos enviado el primer estado de cuenta en que apareció el Error. Puede comunicarse con nosotros por otros medios (lo que incluye llamarnos al número que aparece en el frente del estado de cuenta) pero al hacerlo no preservará sus derechos.

En su carta (una "Notificación por Escrito"), por favor incluya la siguiente información:

- Su nombre y número de cuenta.
- La fecha y el monto en dólares del Error del que sospecha.
- Una descripción del Error y la razón por la cual usted cree que es un Error. Si necesita más información, por favor describa el ítem del que no está seguro.

No tiene que pagar el monto del supuesto Error mientras lo investiguemos, pero seguirá obligado a pagar las porciones del saldo de su cuenta que no formen parte del monto del supuesto Error. Mientras investiguemos, no podremos reportarlo en calidad de deudor moroso, ni tomar medidas para cobrar el monto del supuesto Error. Si nos ha autorizado a pagar su cuenta de tarjeta de crédito de manera automática desde su cuenta de cheques o de ahorros, puede suspender el pago por cualquier monto que crea que es un Error. Para suspender el pago, su Notificación por Escrito debe llegarnos tres (3) días hábiles antes del día en que esté programado el pago automático.

Regla Especial para Compras con Tarjeta de Crédito: Si usted tiene algún problema con la calidad de los bienes o servicios que adquirió con una tarjeta de crédito, y ha intentado de buena fe resolver el problema con el comerciante, quizá no tenga que pagar el monto restante adeudado por los bienes o servicios. Usted cuenta con esta protección solamente si el precio de compra superó a los \$50 y la compra fue realizada en el estado en que reside o a una distancia no superior a 100 millas de su dirección postal, y siempre que no haya pagado el saldo del cargo en disputa. Si somos los propietarios o operadores de dicho comercio, o si le enviamos por correo un anuncio publicitario de los bienes o servicios, todas las compras están cubiertas, sin importar el monto o lugar de la compra.

Información del Crédito. AVISO: Podemos dar información sobre su cuenta a las agencias de informes sobre consumidores. Usted tiene el derecho a cuestionar la exactitud de la información reportada por nosotros al escribir a la siguiente dirección: P.O. Box 14517, Des Moines, IA 50306-3517. En su carta, deberá describir la información específica que sea inexacta o en disputa, y fundamentar cualquier disputa con documentación de respaldo. Si considera que se trata de información relacionada con el robo de identidad, deberá enviarnos una denuncia de robo de identidad correspondiente.

Pagos. Los "Pagos en Conformidad" son pagos enviados por correo usando el cupón de pago adjunto a la dirección de pago que se especifica en el estado de cuenta o bien pagos generalmente realizados a través de la ficha "Transfers" (Transferencias) o el enlace "Make a Payment" (Realice un pago) en la ficha "Account Activity" (Actividad de la cuenta) de la tarjeta de crédito de la Banca por Internet Wells Fargo Online en www.wellsfargo.com (en inglés). Los Pagos en Conformidad recibidos por correo no más tarde de las 5:00 p.m. se acreditarán en la fecha en que se reciban. Los Pagos en Conformidad recibidos después de las 5:00 p.m. se acreditarán el día siguiente. Las horas de corte para los Pagos en Conformidad realizados a través de nuestro sitio Web se comunicarán en el momento de la transacción. Los "Pagos en Incumplimiento" son pagos realizados por cualquier otro medio, y es posible que no se acrediten hasta cinco días después de la fecha en que se reciban. Los Pagos en Incumplimiento incluyen, entre otros, pagos por correo certificado, FedEx o UPS, o sobres con dirección ilegible.

Aviso Sobre Conversión de Cheques Electrónicos: Al proporcionar un cheque como forma de pago, usted nos da su autorización para utilizar la información de su cheque a fin de realizar una sola transferencia electrónica de su cuenta o procesar el pago como una transacción de cheque. Cuando nosotros usamos la información de su cheque para realizar una transferencia electrónica de fondos, los mismos podrán ser retirados de su cuenta tan rápido como el mismo día en que recibamos su pago, y su institución financiera no le regresará su cheque.

Pago Total por un Monto Inferior al Saldo de la Cuenta: Si usted piensa liquidar la totalidad del saldo de su cuenta por un monto inferior al monto total adeudado en su cuenta, deberá enviarnos su solicitud a la siguiente dirección: P.O. Box 10311, Des Moines, IA 50306-0311. Dichos pagos no cancelarán la totalidad de su deuda.

Cómo Calculamos Su Saldo. Usamos un método denominado "saldo diario promedio (incluyendo nuevas compras)". Para más información acerca de este cálculo, por favor llame a nuestro número gratuito de Servicio al Cliente indicado al frente de este estado de cuenta.

Cómo Evitar Pagar Intereses sobre Compras. La Fecha de Vencimiento del Pago es al menos 25 días después del cierre de cada período de facturación. No cargaremos intereses sobre las compras si usted paga la totalidad de su saldo o más tardar en la fecha de vencimiento de cada mes. Comenzaremos a cargar intereses sobre adelantos en efectivo y transferencias de saldo a la fecha de transacción.

Cuentas Garantizadas. Para Cuentas Garantizadas, su cuenta de tarjeta de crédito está garantizada por la entrega en prenda de su Cuenta Colateral de la Tarjeta Garantizada de Wells Fargo Bank, N.A., establecida en relación con su solicitud de la tarjeta. Usted conviene en que esta entrega en prenda incluye y da al Banco el derecho a redimir, cobrar y retirar cualquier parte o la totalidad del monto depositado en la Cuenta Colateral de la Tarjeta Garantizada en caso de cualquier acto de incumplimiento bajo su convenio de la tarjeta de crédito garantizada, o en caso de que dicho convenio sea terminado por el Banco, por cualquier motivo. Esta prenda se entrega como garantía de cada uno y todos los montos que usted adeude, incluidos los intereses, cuotas y costos que puedan acumularse bajo su Cuenta de Tarjeta de Crédito Garantizada. Usted está de acuerdo en que si su Cuenta de Tarjeta de Crédito Garantizada se cierra por cualquier razón, el banco podrá aplicar los fondos mantenidos en la Cuenta Colateral de la Tarjeta Garantizada para liquidar cualquier saldo en la cuenta de tarjeta de crédito. Si después de hacerlo aún quedan fondos en la Cuenta Colateral, dichos fondos podrán permanecer en depósito durante hasta 60 días antes de que sean remitidos a usted.

Monitoreo del Servicio al Cliente. Las llamadas pueden ser grabadas o monitoreadas.

O1DP5596 - 10 - 11/01/2017

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Change of Address Form - If your address has changed, provide your complete new address below. Be sure to check box on reverse side of coupon and enclose in the envelope provided. Please use this section only for address changes. If you have any questions, please call the toll-free customer service number on the front of this statement.

Formulario de Cambio de Dirección - Si su dirección ha cambiado, proporcione su nueva dirección completa abajo. Asegúrese de indicar el cuadro al dorso del cupón y adjúntelo en el sobre anexo. Por favor use esta sección solamente para cambios de dirección. Si tiene preguntas, por favor llame al número de Servicio al Cliente al frente de este estado de cuenta.

ACCOUNT
FIRST

ACCOUNT
LAST

WELLS FARGO



Account Number
Statement Billing Period
Page 2 of 4

Ending in 9630
09/26/2018 to 10/26/2018

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days In Billing Cycle	Interest Charge
PURCHASES	20.15% variable	\$1,902.47	31	\$32.55
CASH ADVANCES	25.99% variable	\$0.00	31	\$0.00



Important Changes to Your Account Terms

The information below summarizes changes that are being made to your account terms. These changes will take effect January 25, 2019, and apply to statement cycles closing on or after that date.

- **Payment Changes:** The following change is being made to your minimum payment calculation in Section **(20) Payments** of your Consumer Credit Card Customer Agreement and Disclosure Statement.

Minimum Payment. Your Minimum Payment Due includes any amount past due plus the greater of:

1. The sum of late, returned check, returned payment, rush plastic and annual fees and interest billed during the Billing Cycle for which the Minimum Payment is calculated plus 1% of the New Balance shown on the billing statement; or
2. **\$25.00** (or the entire balance on the Account if the New Balance is less than \$25.00).

We require you to pay any amount over the limit of your credit card account. However, that amount is not included in your Minimum Payment Due.

The Minimum Payment is rounded-up to the next highest whole dollar amount. Credits will not be used to meet the Minimum Payment.

The remaining paragraphs of Section (20) remain unchanged.

- Other changes being made to your Consumer Credit Card Customer Agreement and Disclosure Statement are as follows:
 - Modify Section **(9) Authorizations**, replacing the first paragraph with the following:

We don't guarantee approval of transactions. We reserve the right to deny transactions for any reason, such as account default, suspected fraudulent or unlawful activity, internet gambling, or any indication of increased risk related to the transaction. If you engage in abuse, misuse or gaming in connection with earning or using points or attempt to do so, we may close or restrict your Wells Fargo credit card(s). Abuse, misuse or gaming includes, but is not limited to, making multiple purchases and multiple payments during a billing cycle whereby the dollar amount for each purchase in the aggregate substantially exceeds your credit limit. We also may limit the number of authorizations we allow during a period of time.

The remaining paragraphs of Section (9) remain unchanged.

- Modify Section **(11) Fees**, adding the following "Rush Plastic Fee" bullet:
 - **Rush Plastic Fee.** This fee may be charged if you requested expedited delivery for your credit card.

The remaining paragraphs of Section (11) remain unchanged.

The rest of your Consumer Credit Card Customer Agreement and Disclosure Statement remain unchanged.

The following notice is meant for customers who speak Spanish, Chinese, Vietnamese, Korean or Tagalog.

IMPORTANTE: Si usted no lee inglés, pida a su intérprete que revise y le describa el contenido de esta carta. Llámenos al 1-800-642-4720 para discutir su duda o recibir una respuesta a sus preguntas.

重要事項: 如果您看不懂英文，請讓您的傳譯員為您審閱並解說這份文件的內容。請電 1-800-642-4720 討論此文件或解答您的疑問。

QUAN TRONG: Nếu quý vị không đọc được tiếng Anh, hãy nhờ người thông dịch của quý vị xem và trình bày lại nội dung lá thư

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): - Amanda Burton 13239 Holly Tree Ln Poway CA 92064 TELEPHONE NO.: 858 442 2182 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): self	FOR COURT USE ONLY CASE NUMBER: 18FL013435G
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: AMANDA ELAINE BURTON RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	

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

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer: UPS
- b. Employer's address: 10755 Scripps Poway Pkwy
- c. Employer's phone number: 858-586-1126
- d. Occupation: Sales associate
- e. Date job started: 11 Oct 2018
- f. If unemployed, date job ended:
- g. I work about 40 hours per week.
- h. I get paid \$ 11.75 gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 28
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA ECE
- d. Number of years of graduate school completed (specify): 0 Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2012
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: 0

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 9 Dec. 2018
 Amanda Burton
 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: AMANDA ELAINE BURTON RESPONDENT/DEFENDANT: Peter Smith Rick OTHER PARENT/CLAIMANT:	CASE NUMBER: 18FL013435C
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 0	_____
b. Overtime (gross, before taxes)	\$ 0	_____
c. Commissions or bonuses	\$ 0	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ 0	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ 0	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ 0	_____
g. Pension/retirement fund payments	\$ 0	_____
h. Social security retirement (not SSI)	\$ 0	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ 0	_____
j. Unemployment compensation	\$ 0	_____
k. Workers' compensation	\$ 0	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ 0	_____

6. Investment Income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ 0	_____
b. Rental property income	\$ 0	_____
c. Trust income	\$ 0	_____
d. Other (specify):	\$ 0	_____

7. Income from self-employment, after business expenses for all businesses. \$ 0

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. Change in income. My financial situation has changed significantly over the last 12 months because (specify):

I just got a job this month

10. Deductions

	Last month
a. Required union dues	\$ 0
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ 0
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 0
d. Child support that I pay for children from other relationships	\$ 0
e. Spousal support that I pay by court order from a different marriage	\$ 0
f. Partner support that I pay by court order from a different domestic partnership	\$ 0
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ 0

11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 30.42
b. Stocks, bonds, and other assets I could easily sell	\$ 0
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 0

PETITIONER/PLAINTIFF: <u>AMANDA ELAINE BURTON</u> RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER: <u>18FL013435C</u>
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Terry Major	62	mother	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Kristin Kishore	17	niece		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses

Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage... \$ 0

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes \$ 0

(3) Homeowner's or renter's insurance (if not included above) \$ 0

(4) Maintenance and repair \$ 0

b. Health-care costs not paid by insurance... \$ 0

c. Child care \$ 0

d. Groceries and household supplies \$ 400

e. Eating out \$ 0

f. Utilities (gas, electric, water, trash) \$ 0

g. Telephone, cell phone, and e-mail \$ 20

h. Laundry and cleaning \$ 0

i. Clothes \$ 0

j. Education \$ 0

k. Entertainment, gifts, and vacation \$ 0

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 0

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ... \$ 0

n. Savings and investments \$ 0

o. Charitable contributions \$ 0

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) .. \$ 250

q. Other (specify): \$ 0

r. **TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))** \$ 670

s. Amount of expenses paid by others \$ 0

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
<u>Wells Fargo</u>	<u>Credit Card</u>	<u>\$ 250</u>	<u>\$ 1934.75</u>	<u>27.Sep.18</u>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 0

b. The source of this money was (specify):

c. I still owe the following fees and costs to my attorney (specify total owed): \$ 0

d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

N/A

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: AMANDA ELAINE BURTON RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER: 18FL013435C
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): 0 children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the children's health insurance is or would be (specify): \$ _____
 (Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month
a. Child care so I can work or get job training.	\$ _____
b. Children's health care not covered by insurance	\$ _____
c. Travel expenses for visitation	\$ _____
d. Children's educational or other special needs (specify below):	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children (specify):		
(3) Child support I receive for those children.	\$ _____	

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

Neither of us have any children.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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: <i>Amanda Burton</i> RESPONDENT: <i>Peter Smith Rick</i> OTHER PARENT/PARTY: _____							
<table style="width:100%;"> <tr> <td colspan="2" style="text-align:center;">DECLARATION OF DISCLOSURE</td> </tr> <tr> <td><input type="checkbox"/> Petitioner's</td> <td><input type="checkbox"/> Preliminary</td> </tr> <tr> <td><input checked="" type="checkbox"/> Respondent's</td> <td><input type="checkbox"/> Final</td> </tr> </table>	DECLARATION OF DISCLOSURE		<input type="checkbox"/> Petitioner's	<input type="checkbox"/> Preliminary	<input checked="" type="checkbox"/> Respondent's	<input type="checkbox"/> Final	CASE NUMBER: <div style="font-size: 24px; font-family: cursive;">18 FL013435C</div>
DECLARATION OF DISCLOSURE							
<input type="checkbox"/> Petitioner's	<input type="checkbox"/> Preliminary						
<input checked="" type="checkbox"/> Respondent's	<input type="checkbox"/> Final						

Peter filio cut

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME) SIGNATURE

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:
ATTORNEY FOR (<i>Name</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER: <i>Amanda Burton</i>	
RESPONDENT: <i>Peter Smith Rick</i>	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Respondent's	CASE NUMBER: <i>18FL013435C</i>

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

Peter fill out

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	<i>REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i>			\$	\$
2.	<i>HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.)</i>				
3.	<i>JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.)</i>				

Peter fill out

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

Peter fill out

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>				\$	\$
12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>					
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>					
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>					
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>					
16. OTHER ASSETS					
17. TOTAL ASSETS FROM CONTINUATION SHEET					
18. TOTAL ASSETS				\$	\$

Peter fill out

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19. STUDENT LOANS <i>(Give details.)</i>			\$	
20. TAXES <i>(Give details.)</i>				
21. SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>				
22. LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>				
23. CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>				
24. OTHER DEBTS <i>(Specify):</i>				
25. TOTAL DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS			\$	

27. *(Specify number):* _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: PETER SMITH RICK 5 RESPONDENT/DEFENDANT: Amanda Burton 2 OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 18 FL01 3435C

Peter fill out

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

Attach copies of your pay stubs for last two months (black out social security numbers).

- 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.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year):
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: PETER SMITH RICK	CASE NUMBER:
RESPONDENT/DEFENDANT: Amanda Burton	18FL013435C
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

Peter fill out

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- | | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ _____ | _____ |
| b. Overtime (gross, before taxes) | \$ _____ | _____ |
| c. Commissions or bonuses | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ _____ | _____ |
| g. Pension/retirement fund payments | \$ _____ | _____ |
| h. Social security retirement (not SSI) | \$ _____ | _____ |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____ | _____ |
| j. Unemployment compensation | \$ _____ | _____ |
| k. Workers' compensation | \$ _____ | _____ |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ _____ | _____ |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- | | | |
|---------------------------------|----------|-------|
| a. Dividends/interest | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income | \$ _____ | _____ |
| d. Other (specify): | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses.**
- I am the owner/sole proprietor business partner other (specify): _____
- Number of years in this business (specify): _____
- Name of business (specify): _____
- Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions**
- | | Last month |
|---|------------|
| a. Required union dues | \$ _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) | \$ _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) | \$ _____ |
| d. Child support that I pay for children from other relationships | \$ _____ |
| e. Spousal support that I pay by court order from a different marriage | \$ _____ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____ |

11. **Assets**
- | | Total |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ |

PETITIONER/PLAINTIFF: PETER SMITH RICK RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER: <div style="font-size: 1.5em; font-family: cursive;">18FL013435C</div>
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- a. Home:

(1) Rent or mortgage... \$ _____

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes \$ _____

(3) Homeowner's or renter's insurance (if not included above) \$ _____

(4) Maintenance and repair \$ _____

b. Health-care costs not paid by insurance... \$ _____

c. Child care \$ _____

d. Groceries and household supplies..... \$ _____

e. Eating out..... \$ _____

f. Utilities (gas, electric, water, trash) \$ _____

g. Telephone, cell phone, and e-mail \$ _____

h. Laundry and cleaning \$ _____

i. Clothes \$ _____

j. Education \$ _____

k. Entertainment, gifts, and vacation..... \$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____

n. Savings and investments..... \$ _____

o. Charitable contributions..... \$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here).. \$ _____

q. Other (specify):..... \$ _____
- r. **TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))** \$ _____
- s. **Amount of expenses paid by others** \$ _____

Peter fill out

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

▶ _____
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: PETER SMITH RICK	CASE NUMBER:
RESPONDENT/DEFENDANT:	18FL013435C
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the children's health insurance is or would be (specify): \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs (specify below): \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children (specify):

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

Peter fill out

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <u>Amanda Burton</u> RESPONDENT: <u>Peter Smith Rick</u>	
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER: <u>18FL013435C</u>

1. **LEGAL RELATIONSHIP** (check all that apply):

- a. We are married.
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
- b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. **STATISTICAL FACTS**

- a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN**

- a. There are no minor children.
- b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
---------------------	------------------	------------	------------

(1) continued on Attachment 4b. (2) a child who is not yet born.

- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

PETITIONER: RESPONDENT:	CASE NUMBER: <div style="font-size: 1.2em; font-family: cursive;">18FL013435C</div>
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Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a. Respondent contends that the parties never legally married or registered a domestic partnership.
- b. Respondent denies the grounds set forth in item 5 of the petition.
- c. Respondent requests
 - (1) divorce Legal separation of the marriage or domestic partnership based on
 - (a) irreconcilable differences. (b) permanent legal incapacity to make decisions.
 - (2) Nullity of void marriage or domestic partnership based on
 - (a) incest. (b) bigamy.
 - (3) Nullity of voidable marriage or domestic partnership based on
 - (a) respondent's age at time of registration of domestic partnership or marriage. (d) fraud.
 - (b) prior existing marriage or domestic partnership. (e) force.
 - (c) unsound mind. (f) physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. Other (*specify*):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (*specify*):

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in *Property Declaration* (form FL-160). Attachment 9b.
 the following list. Item Confirm to

PETITIONER: RESPONDENT:	CASE NUMBER:
----------------------------	--------------

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160).
 - in Attachment 10b.
 - as follows (*specify*):

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*):
- c. Other (*specify*):

Continued on Attachment 11c.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

▶ _____

(SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME)

▶ _____

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form FL-107-INFO) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.