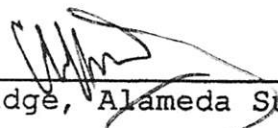


ORDER

IT IS SO ORDERED THAT service of the Petition, Summons and all court-issued documents in the case Brandt v. Kabeyi, Case No. HF19030043, be published in Global Legal Notices for a period of four (4) successive weeks and that Proof of Publication be filed with this court no later than thirty (30) days after completion of publication.

Dated: 9 / 18 / 2020

  
\_\_\_\_\_  
Judge, Alameda Superior Court

# SUMMONS (Family Law)

NOTICE TO RESPONDENT (Name): **MOSES JEREMIAH BARASA KABEYI**  
AVISO AL DEMANDADO (Nombre):

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: **SEBINA BRANDT**  
Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

**HF19030043**

CITACIÓN

22054697

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

**FILED**

ALAMEDA COUNTY

AUG 06 2019

CLERK OF THE SUPERIOR COURT  
By Dominique Deputy

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](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://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](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://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 despida 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.



1. The name and address of the court are (El nombre y dirección de la corte son):

**ALAMEDA COUNTY SUPERIOR COURT  
1225 FALLON STREET  
OAKLAND, CA 94612**

**SUPERIOR COURT OF THE  
STATE OF CALIFORNIA  
COUNTY OF ALAMEDA  
HALL OF JUSTICE**

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner, if self-represented, or the attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

**SEBINA BRANDT  
41868 OSGOOD ROAD  
FREMONT  
954-296-0356**

CA

94539

*Chief Clerk*

Date (Fecha): **AUG 06 2019**

Clerk, by (Secretario, por) Dominique, Deputy (Asistente)

Page 1 of 2

**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.

**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](http://www.coveredca.com). Or call Covered California at 1-800-300-1508.

**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.

**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.

**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](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**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 NAME: <b>SEBINA BRANDT</b> FIRM NAME: STREET ADDRESS: <b>41868 OSGOOD ROAD</b> CITY: <b>FREMONT</b> CA FAX NO: <b>94539</b> TELEPHONE NO: <b>954-296-0356</b> E-MAIL ADDRESS: <b>veganjos777@yahoo.com</b> ATTORNEY FOR (name): <b>Superior Court of California</b>		FOR COURT USE ONLY  <b>ENDORSED FILED ALAMEDA COUNTY</b>  <b>DEC 31 2012</b>  CLERK OF THE SUPERIOR COURT By _____ Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: <b>24405 Amador Street</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>Hayward, CA 94544</b> BRANCH NAME: <b>Southern</b>		
PETITIONER: <b>SEBINA BRANDT</b> RESPONDENT: <b>MOSES JEREMIAH BAKASA Kabeji</b>		CASE NUMBER:  <b>HF10030043</b>
PETITION FOR <input checked="" type="checkbox"/> Dissolution (Divorce) of: <input checked="" 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		

## 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): **October 10 2011** (2) Date of separation (specify): **June 17 2012**  
 (3) Time from date of marriage to date of separation (specify): **0** Years **8** 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: SEBINA BRANDT  
RESPONDENT: MOSES JEREMIAH BARASA KABEYI

CASE NUMBER:

HF19030043

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. (4) ☐ fraud.  
(2) ☐ prior existing marriage or domestic partnership. (5) ☐ force.  
(3) ☐ unsound mind. (6) ☐ 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-180). ☐ Attachment 9b.  
☐ the following list. Item Confirm to

PETITIONER: SEBINA BRANDT  
RESPONDENT: MOSES JEREMIAH BARASA KABEVI

**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 as follows (specify):

- 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):

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: 10/31/19  
 Signature of Petitioner: Sebina Brandt  
 Signature of Attorney for Petitioner: [Signature]  
 Date: \_\_\_\_\_  
 Signature of Attorney for Respondent: \_\_\_\_\_

**FOR MORE INFORMATION:** Read Legal Steps for a Divorce or Legal Separation (form FL-107-NFO) and visit "Families Change" at [www.familieschange.ca.gov](http://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.

**PETITION—MARRIAGE/DOMESTIC PARTNERSHIP**  
 (Family Law)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <b>SEBINA BRANDT</b> FORM NAME: STREET ADDRESS: <b>41868 OSGOOD ROAD</b> CITY: <b>FREMONT</b> STATE: <b>CA</b> ZIP CODE: <b>94539</b> TELEPHONE NO.: <b>954-296-0356</b> FAX NO.: E-MAIL ADDRESS: <b>veganjoe777@yahoo.com</b> ATTORNEY FOR (name):		FOR COURT USE ONLY  ENDORSED FILED ALAMEDA COUNTY  AUG 06 2019  CLERK DOMINIQUE DEBARK By: _____ Deputy Clerk
SUPERIOR COURT OF CALIFORNIA STREET ADDRESS: <b>STATE OF CALIFORNIA</b> MAILING ADDRESS: <b>COUNTY OF ALAMEDA</b> CITY AND ZIP CODE: <b>HALL OF JUSTICE</b> BRANCH NAME: <b>24405 AMADOR STREET</b> <b>HAYWARD, CA 94544</b>		
PETITIONER: <b>SEBINA BRANDT</b> RESPONDENT: <b>MOSES JEREMIAH BARASA KABEYI</b> OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION TPT9030043		

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: **MTA**  
 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 8 1/2-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): **38**  
 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): **B.S. BUSINESS**  
 d. Number of years of graduate school completed (specify): **0** Degree(s) obtained (specify):  
 e. I have: ☐ professional/occupational license(s) (specify): **NTA**  
☐ vocational training (specify):

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): **1998**  
 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): **\$2,000**  
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-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: **08/05/2019**  
**SEBINA BRANDT**

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER: <b>SEBINA BRANDT</b>	CASE NUMBER
RESPONDENT: <b>MOSES JEREMIAH BARASA KABEYI</b>	
OTHER PARTY/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.)

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, BA/GR) <input checked="" type="checkbox"/> currently receiving <u>931 month</u>	\$ <u>931</u>	<u>931</u>
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	
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 allowances, royalty payments) (specify):	\$	

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

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

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):

10. Deductions

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

11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ <u>200</u>
b. Stocks, bonds, and other assets I could easily sell.....	\$ <u>N/A</u>
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ <u>N/A</u>

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.



PETITIONER: <b>SEBINA BRANDT</b>	CASE NUMBER:
RESPONDENT: <b>MOSES JEREMIAH BARASA KABEYI</b>	
OTHER PARTY/PARENT/CLAIMANT:	

## 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. <b>Jose A. Mungas</b>	<b>68</b>	<b>Boyfriend</b>	<b>\$3,500</b>	<input checked="" 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) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage.....	\$	<b>1,250</b>			
If mortgage:					
(a) average principal: \$					
(b) average interest: \$					
(2) Real property taxes.....	\$	<b>0</b>			
(3) Homeowner's or renter's insurance (if not included above).....	\$	<b>0</b>			
(4) Maintenance and repair.....	\$	<b>0</b>			
b. Health-care costs not paid by insurance.....	\$	<b>500/mo</b>			
c. Child care.....	\$	<b>0</b>			
d. Groceries and household supplies.....	\$	<b>400</b>			
e. Eating out.....	\$	<b>100</b>			
f. Utilities (gas, electric, water, trash).....	\$	<b>0</b>			
g. Telephone, cell phone, and e-mail.....	\$	<b>100</b>			
h. Laundry and cleaning.....	\$	<b>N/A</b>			
i. Clothes.....	\$	<b>100</b>			
j. Education.....	\$	<b>0</b>			
k. Entertainment, gifts, and vacation.....	\$	<b>100</b>			
l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.).....	\$	<b>90</b>			
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance).....	\$	<b>N/A</b>			
n. Savings and investments.....	\$	<b>N/A</b>			
o. Charitable contributions.....	\$	<b>N/A</b>			
p. Monthly payments listed in item 14 (itemize below in 14 and insert total here).....	\$	<b>91</b>			
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	\$				

## 14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
<b>AAA</b>	<b>CAR Insurance</b>	<b>\$ 91</b>	<b>\$ 941</b>	<b>08/01/20</b>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ **N/A**
- 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:

**08/05/2019****SEBINA BRANDT**

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PETITIONER: SEBINA BRANDT

CASE NUMBER:

RESPONDENT: MOSES JEREMIAH BARASA KABEYI

OTHER PARTY/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.)

N/A

## 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:

N/A

- 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 expense for the children in this case

- |  | Amount per month |
|--|------------------|
| a. Childcare so I can work or get job training.....                    | \$ N/A           |
| b. Children's health care not covered by insurance.....                | \$ N/A           |
| c. Travel expenses for visitation.....                                 | \$ N/A           |
| 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.....  | \$ N/A           |                      |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss).....          | \$ N/A           |                      |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ N/A           |                      |
| (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):

We had NO Assets contributed during our marriage starting 11/10/2011 to separation 06/17/2014.

NO distribution of assets occurred during marriage

<b>PARTY WITHOUT ATTORNEY OR ATTORNEY</b> NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>RESPONSE</b> <input type="checkbox"/> <b>AND REQUEST FOR</b> <input type="checkbox"/> <b>AMENDED</b> <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:

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:  

Child's name	Birthdate	Age	Sex
  - c. (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:
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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](http://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.