

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ 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: RESPONDENT:	
REQUEST TO ENTER DEFAULT	
CASE NUMBER:	

- To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
- A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) ☐ is attached ☐ is not attached.
 A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached
 because (check at least one of the following):
 - ☐ there have been no changes since the previous filing.
 - ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
 - ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
 - ☐ the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
 - ☐ there are no issues of division of community property.
 - ☐ this is an action to establish parental relationship.

Date:

 (TYPE OR PRINT NAME)


 (SIGNATURE OF [ATTORNEY FOR] PETITIONER)
3. Declaration

- ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- ☐ A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

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)

FOR COURT USE ONLY ☐ <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): ☐ Default entered as requested on (date): ☐ Default not entered. Reason: Clerk, by _____, Deputy

CASE NAME (Last name, first name of each party):	CASE NUMBER:
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4. **Memorandum of costs**

a. ☐ Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

(1) ☐ Clerk's fees \$.....

(2) ☐ Process server's fees \$.....

(3) ☐ Other (specify): \$.....

..... \$.....

..... \$.....

..... \$.....

TOTAL \$.....

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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)
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5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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)
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