Instructions for **Request for Order**

WHEN TO USE THIS PACKET

Use this packet to request or modify orders for custody, visitation, child or spousal support, as well as other issues. It can be used when the case is first opened and served with the Summons and Petition or it can be used in an existing case to get new orders or modify existing orders. If you do have an existing case, the Petitioner and Respondent never change; the Petitioner is the person who started the case in the beginning and will remain as the petitioner.

There is a filing fee for filing the enclosed forms. You may be eligible for a "Fee Waiver" which is available as a separate packet.

STEPS TO FILE THE REQUEST FOR ORDER:

1. The following forms in this packet are to be completed. Please refer to FL-300 INFO to know which exact forms you will need in your case.

☐ Request for Order	FL-300	☐ Information Sheet for RFO	FL-300 INFO
☐ Attached Declaration	MC-031	☐ Proof of Personal Service	FL-330
☐ Declaration Under UCCJEA	FL-105	☐ Responsive Declaration to RFO	FL-320
☐ Income & Expense Declaration	FL-150	☐ Proof of Service by Mail	FL-335

- 2. You will need to make at least **2** additional copies of each form you fill out and any attachments you are including. One copy will be for you; another copy will be for other party. The original is for the court.
- 3. ALL copies must be submitted to the court for filing. Once the documents are filed by the court, you will be assigned a court date.
- 4. After you receive your copies back from the court, a copy of the documents must be served on the other party along with a blank copy of the FL-320.
- 5. A proof of service form must be completed by the person who served the other party. Then the proof of service form must be filed with the Court.

NOTE: You have a certain amount of days to serve your paperwork on the other party. See attached information sheet for Request for Order [FL-300 INFO] for further information.

Revised 7/02/2025

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FL-300-INFO

Information Sheet for Request for Order

- To schedule a court hearing and ask the court to make new orders or to change orders in your case.
- When Restraining Order After Hearing (form DV-130) has expired, and you want to change the orders that are still in effect (examples: child custody, visitation (parenting time), child support, and other orders).
- To change or end Juvenile Restraining Order After Hearing (form JV-255) when the case is closed (dismissed) and the order was granted under the Code of Civil Procedure.

DO NOT USE Request for Order (form FL-300):

- To ask for a restraining order against your spouse or domestic partner, a former spouse or domestic partner, or someone you have a child with. Read How to Ask for a Temporary Restraining Order (form DV-505-INFO).
- To ask to change or end a Restraining Order After Hearing granted under the Domestic Violence Prevention Act, including form DV-130 and form JV-255 in a juvenile case. For more information, read How Do I Ask to Change or End a Domestic Violence Restraining Order? (form DV-300-INFO).
- Before you have filed a Petition to start your family law case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see www.courts.ca.gov/selfhelp-agreeFL, speak with an attorney, or get help at your court's Self-Help Center or Family Law Facilitator's Office.
- When specific Judicial Council forms must be used to ask the court for other orders. For example, to ask:

		-For an order for contempt, use form <u>FL-410</u> To set aside a child support order, use form <u>FL-360</u> or form <u>FL-640</u> To set aside a voluntary declaration of paternity, use form <u>FL-280</u> .
3)		orms checklist
\bigcirc		Form <u>FL-300</u> , <i>Request for Order</i> , is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
	b.	To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
		FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act
		FL-311, Child Custody and Visitation (Parenting Time) Application Attachment
		FL-312, Request for Child Abduction Prevention Orders
		FL-341(C), Children's Holiday Schedule Attachment
		FL-341(D), Additional Provisions—Physical Custody Attachment
		☐ FL-341(E), Joint Legal Custody Attachment
	c.	If you want child support, you need this form:
		A current <u>FL-150</u> , <i>Income and Expense Declaration</i> . You may use form <u>FL-155</u> , <i>Financial Statement</i> (Simplified) instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
	d.	If you want spousal or partner support or orders about your finances, you need these forms:
		☐ A current <u>FL-150</u> , <i>Income and Expense Declaration</i>
		FL-157, Spousal or Partner Support Declaration Attachment (if the request is to change a support judgment
	e.	If you want attorney's fees and costs, you need these forms:*
		☐ A current FL-150, Income and Expense Declaration
		FL-319. Request for Attorney's Fees and Costs Attachment (or provide the information in a declaration)
		FL-158, Supporting Declaration for Attorney's Fees and Costs (or provide the information in a declaration)
		(*The above forms are not required when asking for attorney's fees and costs under the Domestic Violence Prevention Act.)
	f.	To request temporary emergency (ex parte) orders, you need these forms:
		FL-305, Temporary Emergency Orders to serve as the proposed temporary emergency orders.
		Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use form FL-303, Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders.
		Other forms required by local courts. See item 9 on page 3 of this form for more information.
	g.	If you plan to have witnesses testify at the hearing, you need form:



h. If you want to request a separate trial (bifurcation) on an issue, you need form:

FL-315, Request or Response to Request for Separate Trial

☐ FL-321, Witness List

FL-300-INFO Information Sheet for Request for Order

Complete form FL-300 (Page 1)

Caption: Complete the top part with your name, address, and telephone number. Below that, fill in the court's address.

Write the name of the Petitioner, Respondent, or Other Parent/Party. (You must use the party names as they appear in the petition.)

In the next section, check "CHANGE" if you want to change an existing order. Check "TEMPORARY EMERGENCY (EX PARTE) ORDER" if you are asking that the court make emergency orders that will be effective until the hearing date.

Then, check the boxes that apply to the orders you are requesting. Finally, in the box on the right, write your case number.

- **Item 1:** List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the
- **Item 2:** Leave this blank. The court clerk will fill in the date, time, and location of the hearing.
- **Item 3:** This is a notice to all other parties.
- Items Leave these blank. The court will
- 4-5: complete them if the orders are granted.
- **Item 6:** In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party's lawyer to make the appointment and then complete item 6 before filing form FL-300.

Ask your court's Family Law Facilitator or Self-Help Center to find out what your court requires.

Items Leave these blank. The court will 7-8: complete them, if needed.

- Complete form FL-300 (pages 2-4)
 - Complete additional forms and make copies Complete any additional forms that you need to file with the Request for Order. Make at least two copies of your full packet.

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Note: You may file one form FL-150 to respond to items 3, 4, and 6.

File your documents

Give your paperwork and the copies you made to the court clerk to process. You may take them to the clerk's office in person, mail them, or, in some counties, you can e-file them.

The clerk will keep the original and give you back the copies you made with a court date and time stamped on the first page of the Request for Order. The procedure may be different in some courts if you are requesting temporary emergency orders.

Pay filing fees

A fee is due at the time of filing.

If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing form FW-001, Request to Waive Court Fees and form FW-003, Order on Court Fee Waiver.

FL-300-INFO

Information Sheet for Request for Order

9

Temporary Emergency (Ex Parte) Orders

(nondomestic violence restraining orders)

Courts can make temporary orders in your family law case to respond to emergencies that cannot wait to be heard on the court's regular hearing calendar.

The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property.

To request these orders:

- Complete form FL-300. Describe the emergency and explain why you need the temporary emergency orders before the hearing.
- Complete form FL-305 to serve as your proposed temporary orders.
- Include a declaration describing how and when you notified the other parties (or why you could not give notice) about your request and the hearing (see form FL-303).
- Complete other forms if required by your local court rules.
- Follow your court's local procedures for reserving the day for the hearing, submitting your paperwork, and paying filing fees.

(10) General information about "service"

"Service" is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you are asking for and have information about the hearing.

If the other parties are NOT properly served, the judge cannot make the orders you requested on the date of the hearing.

Serve the Request for Order and blank forms

The other party must be "served" with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank form <u>FL-320</u>, Responsive Declaration to Request for Order.
- Blank form <u>FL-150</u>, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

2) Who can be a "server"

You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The server can be a friend, a relative who is not involved in your case, a sheriff, or a professional process server.

(13) "Personal Service"

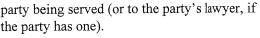
Personal service means that your server walks up to each person to be served, makes sure the right person is served, and then hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.



Note: Sometimes the papers may be personally served on the other party's lawyer (if the other party has one) in the family law case.

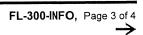
(14) "Service by mail"

Service by mail means that your server places copies of all the documents (and blank forms) in a sealed envelope and mails them to the address of each party being served (or to



The server must be 18 years of age or over and live or work in the county where the mailing took place.

Important! For questions about personal service or service by mail, talk with a lawyer or check with your court's Family Law Facilitator or Self-Help Center at www.courts.ca.gov/1083.htm.



FL-300-INFO Information Sheet for Request for Order

15) When to use personal service or service by mail

Personal Service

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you must use personal service.

You **must** use personal service when the court:

- ✓ Ordered personal service;
- ✓ Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because the person has either NOT previously:
 - Been served with a Summons and Petition; *

OR

- Appeared in the case by filing a:
 - a. Response to a Petition;
 - b. Appearance, Stipulations, and Waivers;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.
- *Note: A Request for Order may be served at the same time as the family law Summons and Petition.
- 1. After serving, the server must fill out a *Proof of* Personal Service (form FL-330) and give it to you. If the server needs instructions, give them form FL-330-INFO, Information Sheet for Proof of Personal Service.
- **2.** Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: The deadline for personal service is 16 court days before the hearing date, unless the court orders a different deadline.

Service by Mail

If you are not required to use personal service, you may use service by mail.

Important! Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A Request for Order to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by

- The documents do not include temporary emergency orders;
- The court did not order personal service; and
- You have verified the other party's current residence or office address. (You may use Address Verification (form FL-334).)

To change a judgment or final order on any other issue, including spousal or domestic partner support, the Request for Order may need to be personally served on the other party.

- 1. After serving, the server must fill out a *Proof of* Service by Mail (form FL-335) and give it to you. If the server needs instructions, give them Information Sheet for Proof of Service by Mail (form FL-335-INFO).
- **2.** Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: Unless the court orders a different time, service by mail must be completed at least 16 court days PLUS 5 calendar days before the hearing date (if service is in California). Other time lines apply for service outside of California.

16) Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at www.courts.ca.gov/1094.htm.
- For information about having the other party testify in court, go to www.courts.ca.gov/29283.htm.
- **After the hearing**, the order made on form <u>FL-340</u> Findings and Order After Hearing, must be filed and served.

18) Do you have questions or need help?

- Find a lawyer through your local bar association, the State Bar of California at calbar.ca.gov, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to www.lawhelpca.org.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to www.courts.ca.gov/selfhelp-courtresources.htm.

FL-300

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF		DO NOT
STREET ADDRESS: Fresno County Superior County	rt	
MAILING ADDRESS: CITY AND ZIP CODE: 1130 "O" Street		WRITE ON
BRANCH NAME: Fresno CA 93724-2220		
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RESPONDENT: THE OTHER PARTY		
OTHER PARENT/PARTY:		
REQUEST FOR ORDER CHANGE	TEMPORARY EMERGENCY ORDERS	CASE NUMBER:
Child Custody Visitation (Parenting	Time) Spousal or Partner Support	COURT CASE NUMBER
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Page 1 of 4

OTHER PARENT/PARTY:

PETITIONER: PARTY WHO INITIALLY OPENED CASE

RESPONDENT: THE OTHER PARTY

CASE NUMBER:

COURT CASE NUMBER

REQUEST FOR ORDER

Note: Place a mark X in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment" For example, mark "Attachment 2a" to indicate that the list of children's names and high dates continues on a part

attached to this f	form. Then, on a shee	t of paper, list each attachme	ne list of children's names and i nt number followed by your rec ached Declaration (<u>form MC-0</u>	quest. At the top of	the paper, write
One or m	titioner Respo	e restraining/protective orders ondent Other Paren	s are now in effect between (s _t t/Party (Attach a copy of the		E IS A RESTRAINING
a b c	Criminal: County/state Family: County/state Juvenile: County/state	(specify): te (specify):	Case No. (if kr Case No. (if kr Case No. (if kr	nown): nown): nown): OR BETWI OTHER SECTIO COPY.	DER IN EFFECT EEN YOU AND THE PARTY, COMPLETE N 1. AND ATTACH A IF YOU HAVE ONE
d		OMPLETE THIS SECTION	Case No. (if kr		
a. I required as a contract of the contract of		ce orders about the following	children (specify): Legal Custody to (person who decides: health, education, etc.) IF YOU ARE ASKING FOR THE BOXES AND WRITE YOU WANT TO HAVE LEG	with whom R CUSTODY ORD E IN THE NAME(S) OF WHOM
b. CHECK ALL THAT APPLY	Form FL- Form FL- As follow: IF YOU CHECK THIS	in the attached forms: 305 Form FL-31 341(D) Form FL-34 s (specify):	1(E) Other (specify):	Form FL.: Form FL.: IF YOU NEED MC PROVIDE FURTH USE FORM MC-0	Attachment 2b. DRE SPACE TO ER DETAILS,
c. The o	VIS	YOU WOULD LIKE TO ATTAC	CH ADDITIONAL FORMS FOR CI F THE FORM(S) YOU PRINTED Children because (specify):		Attachment 2c.
		•	RDERS YOU ARE REQUESTI OR YOUR CHILD(REN)	ING	

PETI RESPC OTHER PARENT	TIONER: PARTY WHO INITIALLY OPENED CASE ONDENT: THE OTHER PARTY	COURT CASE NUMBER
2. d.	This is a change from the current order for child custody The order for legal or physical custody was filed on (date): IF YOU ARE CHANGING AN EXISTING CUSTODY ORDER, CH	visitation (parenting time) The court ordered (specify): HECK THIS BOX
IF YOU ARE ASKING TO CHANGE EXISTING	WRITE IN THE DATE YOUR EXISTING ORDER WAS FILED OF WHAT YOUR CUSTODY ORDER IS The visitation (parenting time) order was filed on (date):	. The court ordered (specify):
ORDERS, CHECK THE APPROPRIATE BOXES	IF YOU ARE CHANGING AN EXISTING <u>VISITATION</u> ORDER, ON WRITE IN THE DATE YOUR EXISTING ORDER WAS FILED ON WHAT YOUR VISITATION ORDER IS	
(Note: A	CHILD #1'S NAME BIRTHDATE CHILD #2'S NAME BIRTHDATE CHILD #2'S NAME BIRTHDATE	οροιτ (101111 <u>1 Ε-130</u>)
1	I want to change a current court order for child support filed on (date): court ordered child support as follows (specify): MPLETE THIS SECTION IF YOU ARE ASKING TO CHANGE AN OR	
a cu d. The	we completed and filed with this Request for Order a current Income and order the court should make or change the support orders because (specify): PLAIN WHY THE COURT SHOULD GRANT YOUR REQUEST OR CHILD SUPPORT OR YOUR REQUEST TO CHANGE IT	d Expense Declaration (form <u>FL-150</u>) or I filed e requirements to file form FL-155. Attachment 3d.
THIS BOX A	REQUESTING CHILD SUPPORT ORDERS, CHECK ND COMPLETE FORM FL-150 AL OR DOMESTIC PARTNER SUPPORT COMPLETE THIS SECTION	N IF YOU ARE ASKING FOR SPOUSAL SUPPO
(Note: A	งก Earnings Assignment Order for Spousal <mark>for Panner รบppon (<u>torm FL</u>-</mark>	
a. [b. [Amount requested <i>(monthly):</i> \$ I want the court to change end the current suppor	rt order filed on <i>(date):</i>
J	The court ordered \$ per month for support.	
С.	This request is to modify (change) spousal or partner support after end I have completed and attached Spousal or Partner Support Declaration that addresses the same factors covered in form FL-157.	ntry of a judgment. ion Attachment (form <u>FL-157)</u> or a declaration
	we completed and filed a current <i>Income and Expense Declaration</i> (form	
e. The	court should make, change, or end the support orders because (specific EXPLAIN WHY THE COURT SHOULD GRANT YOUR REQUEST TO CHANGE OF SPOUSAL SUPPORT OR YOUR SPOUSAL SUPP	JEST

RESPON OTHER PARENT/F	DENT: THE OTHER P	ARTY		JRT CASE NUMBER
a. The [pondent other parent/s that we own or are buy CHECK ANY OTHE APPLY, TO TELL TI	party be given exclusion lease or rener R BOXES THAT	
h The [notitionar []			the following payments on debts
b. The [and lie	petitioner resens coming due while the	spondone other parono order is in effect:	party – po oraoroa to rria	a the following payments on debts
Pay to				Due date:
				Due date:
				Due date:
Pay to		For:	Amount: \$	Due date:
-	ŭ	current order for property con- asons why the court should ma	, ,	rty control orders.
I request a a. A curr b. A Req in that c. A Sup	ent Income and Experiuest for Attorney's Fee form.	which total (specify amount): S CHECK ANY OTHER PPLY, TO TELL THE YOU ARE REQU omey's Fees and Costs Attack	BOXES THAT COURT WHAT the ESTING	the following to support my request: nat addresses the factors covered declaration that addresses the
7. OTHER C	RDERS REQUESTED (specify):		Attachment 7.
YOU WILL DESCRIP 8. TIME FOR a b	ALSO NEED TO CHECK TO THE ORDER REQUESTION OF THE ORDER REQUESTION OF THE ORDER TO SERVICE / TIME UNTILE TO SERVE TO SER	HEARING I urgently need: Order no less than (number): vice of the Request for Order	OF PAGE 1 OF 4 AND W	RITE A BRIEF
cannot be	e longer than 10 pages, u	request are listed below. The nless the court gives me permi	ssion. DERS LISTED ON THIS	Attachment 9.
is true and correct. Date: TODAY'S			SIGN YOU	ded in this form and all attachments JR NAME HERE NATURE OF APPLICANT)

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to courts.ca.gov/forms for *Disability Accommodations Request* (form MC-410). (Civ. Code, § 54.8.)

PLAINTIFF/PETITIONER: PARTY WHO INITIALLY OPENED CASE

DEFENDANT/RESPONDENT: THE OTHER PARTY

CASE NUMBER:

COURT CASE NUMBER

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

BRIEFLY EXPLAIN WHY YOU ARE REQUESTING CUSTODY AND/OR VISITATION ORDERS IN THE BEST INTEREST OF THE CHILD(REN)

eclare under penalty of perjury under the laws of the State of C te: TODAY'S DATE	California that the foregoing is true and correct.
PRINT YOUR NAME HERE (TYPE OR PRINT NAME)	SIGN YOUR NAME HERE (SIGNATURE OF DECLARANT)
	Attorney for Plaintiff Petitioner Defendant Other (Specify):

MC-031

PLAINTIFF/PETITIONER: PARTY WHO INITIALLY OPENED CASE

DEFENDANT/RESPONDENT: THE OTHER PARTY

CASE NUMBER:

CASE NUMBER:

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

BRIEFLY EXPLAIN WHY YOU ARE REQUESTING CUSTODY AND/OR VISITATION ORDERS IN THE BEST INTEREST OF THE CHILD(REN)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: TODAY'S DATE			
PRINT YOUR NAME HERE (TYPE OR PRINT NAME)	SIGN YOUR NAME HERE (SIGNATURE OF DECLARANT)		
	Attorney for Plaintiff Petitioner Defendant Respondent Other (Specify):		

CEB* Essential Forms

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMB	BER:	FOR COURT	USE ONLY
NAME: YOUR NAME FIRM NAME:	e e			
STREET ADDRESS YOUR ADDRESS			SAM	IPLE
CITY, STATE, ZIP C	ODE	ZIP CODE:		
TELEPHONE NO. YOUR TELEPHONE	NUMBER			ILY
ATTORNEY FOR (name):				NOT
SUPERIOR COURT OF CALIFORNIA, CO				NOI
STREET ADDRESS: Fresno County 1 1130 "O" Stree	-		VA/DIT	E ON
CITY AND ZIP CODE: Fresno CA 9372	I		WRIT	E ON
(This section applies to ca		ardianshins)	THIS (CODVI
	TIALLY OPENED CAS		THIS C	LOP 1:
OTHER PARTY:		CHECK THE		
CHILD'S NAME (Juvenile cases only): (This section applies of	nly to probate guard A	PPROPRIATE BOX	CASE NUMBER:	
GUARDIANSHIP OF (name): LEAVE BI	ANK	Mino	or	
DECLARATION UND JURISDICTION AND I	ER UNIFORM CHILD O	CUSTODY	COURT CAS	E NUMBER
1. I am (check one): a party to	this proceeding to determ	nine custody of a child	the authorized rep	
	WRITE IN THE NU	MBER OF CHILDRI	proceeding to determ	nine custody of a child.
2. There are (specify number):	minor children who a	re subject to this proce	eeding, as follows (list olde	est child first):
Full Name		Date of birth	Place of birth (c	
a. OLDEST CHILD'S NAM	E M	M/DD/YYYY	CITY & STATE WHERE	
b. NEXT OLDEST CHILD'S	NAME	M/DD/YYYY	CITY & STATE WHERE	
c. NEXT OLDEST CHILD'S	NAME	M/DD/YYYY	CITY & STATE WHERE	
d. NEXT OLDEST CHILD'S		M/DD/YYYY	CITY & STATE WHERE	
Additional Children" at App	_ICABLE info	ormation for each add	te piece of paper, write "Fitional child, and attach to t	this form.)
3. a. Check this box if there is of (Provide the current address of address is confidential under Fa		residence his	n 2 have lived together for tory for the past five year s vide only the state of reside	s. If the current
Dates of residence (Month/Year)	Residence (City, State)	1	child lived with and ete current address	Relationship
From: To present MM/DD/YYYY	FOR THE CHIL Confidential (list state	D OF PERSO	CURRENT ADDRESS ON CHILD LIVES WITH ential (list state only)	RELATIONSHIP OF PERSON TO CHILD
From: To: F	THE CHILD'S ADDRESSES FOR THE PAS FIVE YEARS GO IN THESE BOXES	NAM ADDR CHILD THE PAS	ME & CURRENT ESS OF PERSON LIVED WITH FOR ST FIVE YEARS GO THESE BOXES	RELATIONSHIP OF PERSON TO CHILD
b. Check this box if there is r	nore than one child and a) and list each other child	ll the children have not 's current address and	t lived together for the past their residence history for	the past five years.) Page 1 of 2
Form Adopted for Vlandato Judicial Council of Californi FL-105/GC-120 [Rev. Janu	HE CHILD(REN) HAS LIVED HIS BOX AND CREATE AN	O AT MORE THAN 4 AD	DRESSES IN THE LAST 5 Y	EARS, ADDRESSES

IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX b. AND COMPLETE FORM FL-105(A)/GC-120(A)

FL-105/GC-120

C	ASE NAME: PETITIONE	R'S <u>LAST</u> NAME V	'S RESPONDENT'S <u>LAST</u> I	NAME	CASE NUMBER:		
					COUR	T CASE NU	MBER
4.	Do you have informatio or custody or visitation Yes No	proceeding, in Ca	you participated as a par alifornia or elsewhere, con a copy of the orders if yo	ncerning a child	d subject to this procee	ding?	er court case
	Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
	a. Family b. Probate		THE COURT IF THER				
	c. Other	CHILD	(REN) IN THIS CASE MATION IN THIS SEC	. IF " <u>YES</u> ", C	OMPLETE THE		
	Proceeding	(Case Number		Court (name, state	or tribe, location	n)
	d. Juvenile						
	e. Adoption						
5.	One or more dom- and provide the fo	estic violence res	etraining/protective orders	s are now in eff	ect. (Attach a copy of t	he orders if you	have one
	Court	County	State or Tribe	Case	Number (if known)	Orders exp	ire (date)
	a. Criminal				F		
	b. Family	VI	CHECK THIS BOX I				
	c. Juvenile		OMPLETE THE INFO				
	d. Other	I					
6.	Do you know of any per or visitation with any chi	Id in this case? <	Yes No	(If yes, provi	de the following inform	ation):	
	a. Name and address o		b. Name and address			address of pers	on:
			L THE COURT IF THE S TO HAVE CUSTOD			8	
	Has physical customate Claims custody rig Claims visitation r	hts	Has physical cu Claims custody Claims visitation	rights	Claims o	sical custody custody rights risitation rights	
	Name of each child.		Name of each child:		Name of each	child:	
7.	Number of pages	attached:	-				
	eclare under penalty of p		aws of the State of Califo	ornia that the fo	regoing is true and cor	rect.	
Da	te: TODAY'S DAT PRINT YOU		DE	. .	CION VOUS !!	ME HESE	
		F DECLARANT)	NE		SIGN YOUR NA		
	NOTICE TO DECLARA	NT: You have a	continuing duty to info	rm this court i	f you obtain any info	rmation about	a custody
	p. occurry	, in a Jamoinia	Court of any other cour	concerning a	come subject to this	proceeding.	

FL-105(A)/GC-120(A)

CASE NAME:

PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME

CASE NUMBER:

COURT CASE NUMBER

ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

Instruction as needed t	s: If all the childr to list all the child	ren subject to the Iren. Number ea	e proceeding have not lived together for the last five years, use as ch item and each page consecutively, and attach all pages to forr	many copies of this form n FL-105/GC-120.
	history for the pa provide only the Residence	ast five years. If state of residenc	he same as given for the child listed in item 2a on form FL-105/G0	29, check the box and
CHECK THIS BOX IF THE		residence n/Year)	Residence Person child lived with (nar (City, State) complete current addre	
CHILDREN HAVE BEEN LIVING AT	From:	To present	CURRENT ADDRESS FOR THE CHILD NAME & CURRENT ADDR OF PERSON CHILD LIVES	
THE SAME ADDRESSES	From:	To:	Confidential (list state only) Confidential (list state only	11 11
	Profit.		IF THIS CHILD HAS <u>NOT</u> BEEN LIVING AT THE SAME ADDRESS	
	From:	То:	AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN	
	From:	То:	LIVING FOR THE PAST 5 YEARS	
	From:	То:		
-	history for the pa provide only the Residence	ast five years. If state of residen	he same as given for the child listed in item 2a on form FL-105/G	129, check the box and
BOX IF THE		residence n/Year)	Residence Person child lived with (nar (City, State) complete current addre	
CHILDREN HAVE BEEN LIVING AT THE SAME	From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD NAME & CURRENT ADDRES OF PERSON CHILD LIVES V Confidential (list state only) Confidential (list state only)	OF PERSON TO CHILD
ADDRESSES	From:	То:	IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS	
	From:	То:	AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS	
	From:	То:		
	From:	То:		
	L			

FL-105(A)/GC-120(A)

CASE NAME:

PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME

CASE NUMBER:

COURT CASE NUMBER

ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CLISTODY JURISDICTION AND ENFORCEMENT ACT (UCC.IFA)

2200				TION AND ENFORCEMENT ACT		
				r for the last five years, use as many co lly, and attach all pages to form FL-105		
		ast five years . If		(Provide the child's current address ar under Family Code section 3429, chec		
		e information is the information bel		I in item 2a on form FL-105/GC-120. (II	finot the same,	
CHECK THIS BOX IF THE	1	residence h/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship	
CHILDREN HAVE BEEN	From:	To present	CURRENT ADDRESS	NAME & CURRENT ADDRESS	RELATIONSHIP OF PERSON	
LIVING AT THE SAME	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD Confidential (list state only)	OF PERSON CHILD LIVES WITH Confidential (list state only)	TO CHILD	
ADDRESSES	From:	То:	Confidential (list state offly)	Confidential (list state only)		
	-	_	IF THIS CHILD HAS NOT			
	From:	То:	AS THE CHILD ABOVE, F	, FILL OUT		
	From:	To:	LIVING FOR THE PAST 5			
	From:	То:	_			
	history for the provide only the	ast five years. If state of residenc	the current address is confidential e.e.)	(Provide the child's current address an under Family Code section 3429, check I in item 2a on form FL-105/GC-120. (If	k the box and	
CHECK THIS		e information bel		THE REAL 24 OF TOTAL L-100/GC-120. (II	not the same,	
BOX IF THE CHILDREN	(Mont	residence h/Year)	Residence Person child lived with (na (City, State) complete current addre		Relationship	
HAVE BEEN LIVING AT	From: MM/DD/YYYY	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD	
THE SAME ADDRESSES			Confidential (list state only)	Confidential (list state only)		
	From:	То:	IF THIS CHILD HAS NOT LIVING AT THE SAME AD	ADDRESS , FILL OUT AS BEEN		
	From:	То:	AS THE CHILD ABOVE, FI WHERE THE CHILD HAS LIVING FOR THE PAST 5			
	From:	То:				
	From:	То:				
		<u> </u>			Page of	

Family Code, § 3400 et seq.; Probate Code, §§ 1510(f), 1512 www.courts.ca.gov

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR I	NUMBER:		FOR CO	JRT USE ONLY	
NAME YOUR NAME FIRM YOUR ADDRESS				SA	MPLE	
ISTRE	\c			0		
CITY, STATE, ZIP COL	į .	ZIP CODE:		O	NLY	1
TELEF YOUR TELEPHONE N E-MAIL ADDRESS:	NOTE: YOU MUST WRITE YOU	R NAME AND THE OTHE	R PARTY'S			
ATTORNEY FOR (name):	NAME THE EXACT SAME WA			DC	NOT	
SUPERIOR COURT OF CALIFORNIA						
STREET ADDRESS: Fresno County MAILING ADDRESS:	- 1			WR	ITE ON	
CITY AND ZIP CODE: 1130 "O" Stree						
BRANCH NAME: Fresno CA 9372	R: PARTY WHO INITIALLY OP	ENED CASE		THIS	COPY!	
	T: THE OTHER PARTY	ENED CASE	L			
OTHER PARTY/PARENT/CLAIMAN						
		TION	CASE N	UMBER:		
INCOME AN	D EXPENSE DECLARA	TION		COURT CASE	NUMBER	
Employment (Give information	on your current job or, if y	ou're unemployed, y	our most rece <u>n</u>	t job.)		
Attach copies a. Employer:			ĮF	ILL OUT YOU	R EMPLOYER'S HERE. IF YOU DO	
of your pay D. Employer's add			1	NOT HAVE A J	•	
stubs for last two months d. Occupation:	one number:				FROM YOUR LAST N YOUR JOB ENDE	D
two months d. Occupation: (black out e. Date job starte	·q.					
,	, date job ended:				LOYER, ADDRESS, ER, JOB TITLE, DAT	
Security g. I work about	hours per	week.			NT AND SALARY)	
numbers). h. I get paid \$	gross (before	taxes) per m	onth	er week	per hour.	
(If you have more than one job, a jobs. Write "Question 1—Other J 2. Age and education a. My age is (specify): YOUR A	Jobs" at the top.)	TELL THE CO EDUCATION I OR LICENSES	URT ABOUT YO NCLUDING ANY YOU EARNED	UR DEGREES		
b. I have completed high scho		Yes No	if no, nigne (s) obtained <i>(sp</i>		oleted (speciliGRAD	E FINISHEL
c. Number of years of college d. Number of years of graduat		, ,			cify): DEGREE EAR	NED
	al/occupational license(s) (` .		
	training (specify): JOB TRA			. 1	FILL OUT YOUR NFORMATION FRO	M THE
3. Tax information ←				1	PAST YEAR YOU FII FAXES. REMEMBER	1
•	ax year (specify year):				NOTE HOW YOU FIL	
b. My tax filing status is	- · · · · · · · · · · · · · · · · · · ·	of household	married, filin	goopaiatory	SINGLE, ETC.), WH	
married, filing jointly v	with (specify name):				YOU FILED, (CA, ET HOW MANY EXEMP	
c. I file state tax returns in		other (specify state		Ľ	YOU CLAIMED (1, E	TC.)
d. I claim the following number	r of exemptions (including r	myself) on my taxes	(specify):			
4. Other party's income. I estima	ate the gross monthly incor	ne (before taxes) of	the other party	in this case at	(specify): \$	
This estimate is based on (expl	HOW MUCH DO YOU UP WITH THAT AMOU	THINK THE OTHER F	PARTY EARNS B	EFORE TAXES	S? HOW DID YOU CO	OME
(If you need more space to answ question number before your an	ver any questions on this	form, attach an 8 1	INION, EM EM		O	
l declare under penalty of perjury u	inder the laws of the State	of California that the	information cor	ntained on all	pages of this form	and
any attachments is true and correct	t.					
Date: TODAY'S DATE						
PRINT YOUR NA	AME HERE	•	SIGN YO	UR NAME	HERE	
(TYPE OR PRINT N		-	(SIGNATURE OF DE		
					D-	are 1 of 4

	PETITIONER: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:	- Control of the second of the	FL-150
	RESPONDENT: THE OTHER PARTY	COURT CASI	CALLINADED	
ОТІ	HER PARTY/PARENT/CLAIMANT:	COOKI CASI		
L		744-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		
Atta retui	ch copies of your pay stubs for the last two months and proof of any other incoming to the court hearing. (Black out your Social Security number on the pay stub a LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS	nd tax return.)	our latest fe	ederal tax
5. I I	ncome (For average monthly, add up all the income you received in each category in the	he last 12 months	,	Average
	and divide the total by 12.)	L	ast month r	J
	Salary or wages (gross, before taxes)		IN THIS	IN THIS
b	(3.000) 2010/0 (2.000)		COLUMN	COLUMN LIST THE
d		1	LIST WHAT	AVERAGE
	dariotally receiving	d===U. 4==bl=* \$	YOU -	AMOUNT
f.		derally taxable* \$	RECEIVED _	YOU RECEIVED
g	B		MONTH	FROM THE
h	<u> </u>		FROM -	LAST 12
i.			EACH SOURCE	FROM EACH
j.	Unemployment compensation		THAT	SOURCE
k			APPLIES	THAT
l.		\$	-	APPLIES
e 1.	aventurant in a compa (Althor) and the last of the las			
	nvestment income (Attach a schedule showing gross receipts less cash expenses for			
	Dividends/interest			
b	1 1 3		INVESTMEN AFTER EXPI	
C		\$		XES, IN THIS
u	. Other (specify):	D	AREA	
7. li	ncome from self-employment, after business expenses for all businesses	\$		
			L	
Ν	lumber of years in this business (specify):	cify): IF YOU ARE SEI THIS SECTION A	_F-EMPLOYE	D, COMPLETE
N	lame of business (specify):	THIS SECTION A		
Т	ype of business (specify):	FROM YOUR LA		
S	attach a profit and loss statement for the last two years or a Schedule C from you locial Security number. If you have more than one business, provide the informat	r last federal tax ret tion above for each	urn. Black o	out your inesses.
8. 「	Additional income. I received one-time money (lottery winnings, inheritance, etc.)) in the last 12 month	e (enacify ec	ource and
_	amount): CHECK THIS BOX IF YOU RECEIVED	A ONE-TIME SOURCE	E OF INCOME	, (LOTTERY OR
· -	INHERITANCE) AND WRITE WHERE	YOU RECEIVED THE	MONEY AND	
9.	Change in income. My financial situation has changed significantly over the last 1			
	IF YOU HAD A MAJOR CHANGE IN INCOME IN THE PA	ST 12 MONTHS, STAT	E WHAT THE	E CHANGE WAS
10. D	eductions		l	_ast month
a				FILL OUT THIS
b	1			SECTION IF
C	and the state of t	*	1	YOU HAD MONEY
d	The same pay to a sum of the same to the s			DEDUCTED
e	i i i i i i i i i i i i i i i i i i i			FOR ANY OF
f.	11 The state of th			THESE ITEMS FROM <u>LAST</u>
<u>g</u>		labeled "Question 1	<u>)g")</u> \$	MONTH'S
11. A	IST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BON Sesets	NDS, AND/OR REAL P	[PAYCHECK
	. Cash and checking accounts, savings, credit union, money market, and other deposi	it accounts		Total
b			/ -	
C)
		•		
* Che maint	ack the box if the spousal support order or judgment was executed by the parties and the court bet ains the spousal support payments as taxable income to the recipient and tax deductible to the pa	fore January 1, 2019, or ayor.	if a court-orde	ered change

PETITIONER: PART	Y WHO INI	TIALLY OPENED C	CASE		CASE NUMBER:	
RESPONDENT: THE	OTHER PAR	RTY			СО	URT CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:					L_	
2. The following people live with me:						
Nama	Age	How the perso			rson's gross	Pays some of the household expenses?
Name	TAGE -	related to me ((ex. sorr)	monthly	Income	
a. LIST ANYONE WHO L	IVES WITH	YOU (INCLUDIN	IG CHILD(R	EN), ROO	MATES,	Yes No
b. FAMILY, ETC.), THEIR A BEFORE TAXES, AND	AGE, THEI	R RELATION TO '	YOU, HOW	MUCH THE S FOR THE	EY MAKE	Yes No
d.	- VIIIE IIIE	The Transaction	LXI LITOL	T		Yes No
e.						Yes No
3. Average monthly expenses	Estimated	expenses	Actual e	expenses	Pr	oposed needs <u>CHECK O</u>
a. Home:			114		aning	\$
(1) Rent or mortga	ge			ONTHLY ENSES		\$
If mortgage:			j. HERE F	OR THE		\$
(a) average principal: \$		_ / \	L		ifts, and vaca	7
(b) average interest: \$		-/			and transporta	etc.) \$
(2) Real property taxes		 	,		•	do not include
(3) Homeowner's or renter's insuran (if not included above)		1	auto, h	ome, or h	ealth insuran	ce)\$ \
(4) Maintenance and repair						\$
b. Health-care costs not paid by insurar	nce	5				sss
c. Child care		\$			its listed in ite	em 14 rt total here) \$
d. Groceries and household supplies	;	\$\\	q. Other		1 14 and mse	\$
e. Eating out			/			
f. Utilities (gas, electric, water, trash)		\ //			SES (a–q) (de a(1)(a) and (b	
g. Telephone, cell phone, and e-mail		\$ <u>//</u>			enses paid b	
•			Alliou	D UP ALL	THE _	
4. Installment payments and debts not li	ietad ahai	/ /		S YOU LIS	STED FOR	WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHER
		/	ATOL	Amount	THE L	
Paid to	For	——/—		Amount	Dalan	Date of last payment
LIST HERE ANY PA	AYMENTS	YOU ARE MAKIN	IG FOR VEH	ICLE LOA	NS, STUDEN	LOANS,
MORTGAGES, CREDIT HOW MUCH YOU PA	CARDS, F	TC. AND THE NA	AME OF THI	E COMPAI	NY YOU ARE I	PAYING. LIST
PAYMENT. ADD UP ALL	OF THE M	ONTHLY PAYME	NT AMOUN	TS AND P	UT THE TOTA	L IN ITEM 13. p.
				\$	\$	
				\$	\$	
				\$	\$	
L					ONI V C	OMPLETE SECTIO
5. Attorney fees (This information is requi					1	IF YOU HAD AN
a. To date, I have paid my attorney this		or fees and cost	s (specify):	\$		
b. The source of this money was (spec			total arres	. œ		RNEY AND WANT
	ts to mv at	torney (<i>specity t</i>	totai owed).	. Ф	THE	OTHER PARTY TO
c. I still owe the following fees and cost					111-	
c. I still owe the following fees and costd. My attorney's hourly rate is (specify)					1	R YOUR ATTORNE
 c. I still owe the following fees and cost d. My attorney's hourly rate is (specify) confirm this fee arrangement. 	:				PAY FO	
c. I still owe the following fees and cost d. My attorney's hourly rate is (specify) confirm this fee arrangement.	:				PAY FO	
c. I still owe the following fees and cost d. My attorney's hourly rate is (specify) confirm this fee arrangement. DO NOT	SIGN		IS PA	\GE	PAY FO	

FL-150

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY COURT CASE NUMBER OTHER PARTY/PARENT/CLAIMANT: CHILD SUPPORT INFORMATION (NOTE: Fill out this page only if your case involves child support.) WRITE IN THE NUMBER OF MINOR CHILD(REN) YOU HAVE WITH THE OTHER 16. Number of children PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM 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.) IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M 17. Children's health-care expenses Obl have health insurance available to me for the children through my job. b. Name of insurance company: CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN c. Address of insurance company: IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS 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.....\$ WRITE IN b. Children's health care not covered by insurance.....\$ ANY OTHER c. Travel expenses for visitation.....\$ EXPENSES IF d. Children's educational or other special needs (specify below):.....\$ IT APPLIES FILL IN ITEMS a. - c. AND DESCRIBE 19. Special hardships. I ask the court to consider the following special financial circumstances THE HARDSHIP BELOW (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): EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP 20. Other information I want the court to know concerning support in my case (specify): WRITE ANY INFORMATION HERE YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS CASE

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) FOR COURT USE OF (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE	
YOUR ADDRESS ONLY	E
UNLI	1
l UNLI	
	1
YOUR TELEPHONE NUMBER FAX NO.: DO NO	T
and the same of th	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court WRITE C	N
MALLING ADDRESS: 1120 "O" Stroot	
CITY AND ZIP CODE: Fresno CA 93724-2220	PY!
BRANCH NAME: L	
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE CASE NUMBER: COURT CASE NUMBER	R
RESPONDENT/DEFENDANT: THE OTHER PARTY	
(п аррисаріе, ріочо	le):
OTHER PARENT/PARTY: HEARING DATE: HEARING TIME:	
PROOF OF PERSONAL SERVICE DEPT.:	
By personally delivering copies to the person served, as follows: a. Date: DATE DOCUMENTS WERE SERVED b. Time: THE EXACT TIME THE PAPERS WERE HANDED TO THE OTHER PARTY (AM/PM)	
CHECK ONE BOX	
. I am a. In not a registered California process server. d. In exempt from registration under Business & Profe	ession
b. a registered California process server. Code section 22350(b).	
c. an employee or independent contractor of a e. a California sheriff or marshal.	
registered California process server.	,
My name, address, and telephone number, and, if applicable, county of registration and number (specify):	
SERVER'S NAME	
SERVER'S STREET ADDRESS	
SERVER'S CITY, STATE, AND ZIP CODE	
CHECK EITHER BOX 7 OR 8	
declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
am a California sheriff or marshal and I certify that the foregoing is true and correct.	
ate: DATE SERVER SIGNS	
SERVER PRINTS THEIR NAME HERE SERVER SIGNS HERE	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATURE OF PERSON WHO SERVED THE PAI	PERS)

Page 1 of 1



BLANK FORMS

(To be Completed)

		.3	
~			

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:	
FIRM NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE NO.: FAX NO.:	
EMAIL ADDRESS:	
ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
	-
PETITIONER:	
RESPONDENT:	
OTHER PARENT/PARTY:	
THE POPULATION OF THE POPULATI	CASE NUMBER:
REQUEST FOR ORDER CHANGE TEMPORARY EMERGENCY ORDERS	CASE NUMBER.
Child Custody Visitation (Parenting Time) Spousal or Partner Support	
Child Support Property Control Attorney's Fees and Costs	
Other (specify):	
Note: Read form <u>FL-300-INFO</u> for information about how to complete this form. To ask to	change or end an order
that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), rea	
DV-300-INFO	thousand the second of the sec
NOTICE OF HEARING	
1. TO (name):	
Petitioner Respondent Other Parent/Party Other (sp.	ecify):
2. A COURT HEARING WILL BE HELD AS FOLLOWS:	
Z. A COURT HEARING WILL BE HELD NOT CELEVICE.	
a. Date: Time: Dept.:	Room.:
* ***	rteorn
b. Address of court same as noted above other (specify):	
C. MARNING (4)	ested anders without you if you do
3. WARNING to the person served with the Request for Order: The court may make the reque	r nortice at least rine court days
not file a Responsive Declaration to Request for Order (form FL-320), serve a copy on the other	r parties at least fille court days
before the hearing (unless the court has ordered a shorter period of time), and appear at the he	earing. (See form FL-320-INFO for
more information.)	
COURT ORDER	
It is ordered that: (FOR COURT USE ONLY)	
4. Time for service until the hearing is shortened. Service must be on or	before (date):
5. A Responsive Declaration to Request for Order (form FL-320) must be served on or before	re (date):
	•
6. The parties must attend an appointment for child custody mediation or child custody recor	nmending counseling as follows
(specify date, time, and location):	
7. The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this proce	eding and must be personally
	eding and must be personally
served with all documents filed with this Request for Order.	
8. Other (specify):	
	V
Dutu	
Date:	JUDICIAL OFFICER
	Page 1 of 4

PETITIONER: RESPONDENT:	CASE NUMBER:
OTHER PARENT/PARTY:	NDED.
REQUEST FOR C	DRDER
Note : Place a mark X in front of the box that applies to your case or to y "Attachment." For example, mark "Attachment 2a" to indicate that the lis attached to this form. Then, on a sheet of paper, list each attachment nu your name, case number, and "FL-300" as a title. (You may use <i>Attache</i>	t of children's names and birth dates continues on a paper imber followed by your request. At the top of the paper, write
The orders are from the following court or courts (specify county	ty (Attach a copy of the orders if you have one.) and state):
a. Criminal: County/state (specify):	Case No. (if known):
b. Family: County/state (specify):	Case No. (if known):
c. Juvenile: County/state (specify):	Case No. (if known):
d. Other: County/state (specify):	Case No. (if known):
CHILD CUSTODY VISITATION (PARENTING TIME) a. I request that the court make orders about the following child Child's Name Date of Birth decidented Date of Birth	I request temporary emergency orders dren (specify): al Custody to (person who Physical Custody to (person with whom child lives):
b The orders I request for child custody v (1) Specified in the attached forms:	Attachment 2a. Attachment 2a.
Form <u>FL-305</u> Form <u>FL-311</u> Form <u>FL-341(D)</u> Form <u>FL-341(E)</u>	Form FL-312 Form FL-341(C) Other (specify):
(2) As follows (specify): c. The orders that I request are in the best interest of the childr	Attachment 2b. en because (specify): Attachment 2c.

	PETITIONER:	CASE NUMBER:
1	RESPONDENT:	
2. d	ARENT/PARTY: I This is a change from the current order for child custody (1) The order for legal or physical custody was filed on (date):	visitation (parenting time). . The court ordered (specify):
	(2) The visitation (parenting time) order was filed on (date):	. The court ordered (specify):
(CHILD SUPPORT Note: An earnings assignment may be issued. See <i>Income Withholding for Supp</i> I. I request that the court order child support as follows: Child's name and age based on the child supp	
b	I want to change a current court order for child support filed on (date): The court ordered child support as follows (specify):	Attachment 3a.
c	 I have completed and filed with this Request for Order a current Income and a current Financial Statement (Simplified) (form FL-155) because I meet the I. The court should make or change the support orders because (specify): 	Expense Declaration (form <u>FL-150</u>) or I filed requirements to file form FL-155. Attachment 3d.
(a	The court ordered \$ per month for support of the court ordered \$ per month for support. This request is to modify (change) spousal or partner support after enting that addresses the same factors covered in form FL-157. I have completed and filed a current Income and Expense Declaration (form)	order filed on <i>(date):</i> ry of a judgment. n <i>Attachment</i> (form <u>FL-157</u>) or a declaration <u>FL-150</u>) in support of my request.

			PETITIONER:	CASE NUMBER:	
ОТ	-UED I		SPONDENT: ENT/PARTY:		
5.		PR	OPERTY CONTROL The petitioner respondent other parent/party be g	· ·	porary emergency orders ry use, possession, and
		b.	Pay to:For:Amoun	nt: \$Du	wing payments on debts ue date: ue date:
			Pay to: For: Amoun	nt: \$Dı	ie date:
6.			This is a change from the current order for property control filed on (Specify in Attachment 5d the reasons why the court should make or change TORNEY'S FEES AND COSTS quest attorney's fees and costs, which total (specify amount): \$	ge the property control o	orders. g to support my request:
		a. b.	A current Income and Expense Declaration (form FL-150). A Request for Attorney's Fees and Costs Attachment (form FL-319) or a d in that form. A Supporting Declaration for Attorney's Fees and Costs Attachment (form factors covered in that form.	eclaration that address	es the factors covered
7.		07	HER ORDERS REQUESTED (specify):		Attachment 7.
8.		TIN a. b. c.	IE FOR SERVICE / TIME UNTIL HEARING I urgently need: To serve the Request for Order no less than (number): coul The hearing date and service of the Request for Order to be sooned I need the order because (specify):	t days before the heari	ng. Attachment 8.
9.			CTS TO SUPPORT the orders I request are listed below. The facts that I venue to be longer than 10 pages, unless the court gives me permission.	vrite in support and atta	ch to this request Attachment 9.
	rue an		er penalty of perjury under the laws of the State of California that the information of the State of California that the infor	nation provided in this formation provided in this formation for a specific provided in this formation of a point of a po	
				(SIGNATURE OF API	LIVANI)

N

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to courts.ca.gov/forms for *Disability Accommodations Request* (form MC-410). (Civ. Code, § 54.8.)

				MC-03
PLAINTIFF/PETITION	ER:		CASE NUMBER:	
FENDANT/RESPOND	ENT.			
-ENDANT/RESPOND	LINT.			
		DECLARATION		
	(This form must be attached to a		er before it can be filed in court.)	•
2	•			
	of perjury under the laws of the Sta	ate of California that the fo	regoing is true and correct.	
:				
	(TVDE OD ODINT NAME)		(SIGNATURE OF DECLARAN	IT)
	(TYPE OR PRINT NAME)		(5.5.3715172 51 52521404	***

PLAINTIFF/PETITIONER	R:				CASE NUMBER:		MC-0
EFENDANT/RESPONDEN	ıT.						
T EINDAINT/KESPONDEN							
	(This form must be attac		LARATION	er hefore it	can he filed i	n court)	
,	(Time form made be attac	mod to another to	mm or count pape	er berore it	can be med n	r court.)	
				·		•	
lare under penalty of p	perjury under the laws of	the State of Cali	fornia that the fo	regoing is t	rue and corre	ct.	
:							
(T)	PE OR PRINT NAME)				(0)011/5-15-5-5-5	VEOL18	
(17	LUN FRINT NAIVIE)				(SIGNATURE OF E	JECLARANT)	

FIRM NAME: STREET ADDRESS:	ATTORI	NEY OR PARTY WITH	OUT ATTORNEY	STATE BAI	R NUMBER:		FOR COUR	RT USE ONLY
STREET ADDRESS CITY STATE ZP CODE FAX NO: PAX	NAME:							
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one):	FIRM N	AME:						
TERSPRONE TO PRIVATE PRIVATE TO PRIVATE PRIVA	STREE	T ADDRESS:						
SUPPRIOR COURT OF CALIFORNIA, COUNTY OF STREET AONESS UT MAD 2F CODE. STREET AONESS UT MAD 2F CODE. STREET AONESS (This section applies to cases other than probate guardianships.) PETITIONER, RESPONDENT: OTHER PARTY. CHILD'S NAME (Jovenile cases only): GUARDIANSHIP OF (name): Minor DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one): a party to this proceeding to determine custody of a child gagency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding, as follows (list oldest orbif first): Full Name Date of birth Place of birth (city and state) a. b. c. d. Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment address is confidential under Family Code section 3429, check the box and provide only the state for earlied and address is confidential under Family Code section 3429, check the box and provide only the state of residence. (Month/Year) Confidential (list state only) From. To: From. To: Check this box if there is more than one child and all the children listed with an acomplete current address.) Confidential (list state only)	CITY:			STATE:	ZIP CODE:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MALRIA ADDRESS TOT MAD 2P COORE BEANANHAME (This section applies to cases other than probate guardianships.) PETITIONER RESPONDENT: (This section applies to cases other than probate guardianships.) PETITIONER RESPONDENT: (This section applies only): (This section applies to cases only): (This section applies to cases only): (This section applies only): (This section applies to cases only): (This section applies to cases only): (This section applies to cases other than probate guardianship cases.) (DILER PARTY) (CHILD'S NAME (Juvenile cases only): (In a (Juvenile	TELEPH	HONE NO.:		FAX NO.:				
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Additional Children" at the top, provide all requested information for each additional Children" at the top, provide all requested information for each address of the child risker address of the child risker and reference (Knorth/Vear) Check this box if there is only one child on Attachment 3a. (Form MC-020 may be used for this purpose.) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.) Check this box if there is more than one child and all the children liked together for the past five years. (Attach by Check this box if there is more than one child and all the children liked together for the past five years.) Check this box if there is more than one child and all the children liked together for the past five years. Check this box if there is more than one child and all the children liked in (list state only) Confidential (list state only) Confidential (list state only) Check this box if there is more than one child and all the children have not lived together for the past five years. Check this box if there is more than one child and all the children have not lived together for the past five years.	ATTORI	NEY FOR (name):						
Additional Children" at the top, provide all requested information for each additional Children" at the top, provide all requested information for each address of the child risker address of the child risker and reference (Knorth/Vear) Check this box if there is only one child on Attachment 3a. (Form MC-020 may be used for this purpose.) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.) Check this box if there is more than one child and all the children liked together for the past five years. (Attach by Check this box if there is more than one child and all the children liked together for the past five years.) Check this box if there is more than one child and all the children liked together for the past five years. Check this box if there is more than one child and all the children liked in (list state only) Confidential (list state only) Confidential (list state only) Check this box if there is more than one child and all the children have not lived together for the past five years. Check this box if there is more than one child and all the children have not lived together for the past five years.	SUPE	RIOR COURT OF	CALIFORNIA, CO	OUNTY OF				
CITY-NO 2P CODE: SRANCH NAME (This section applies to cases other than probate guardianships.) PETITIONER RESPONDENT: CHILD'S NAME (Juvenile cases only): CHILD'S NAME (Juvenile cases only): GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one): a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of achild agency, which is a party to this proceeding to determine custody of a child Full Name Date of birth Place of birth (city and state) B. C. d. Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment and Additional Children" at the top, provide all requested information for each additional child, and attach to this form) 3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child issed in item 2 and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.) Dates of residence (Month/Year) Confidential (list state only) Confidential (list state only) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)								
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RESPONDENT: OTHER PARTY: (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one): a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child first): Full Name Date of birth C. C. d. Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2 Additional Children" at the top, provide all requested information for each additional child, and attach to this form.) 3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2 and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.) Dates of residence Residence Residence Person child lived with and complete current address. To: From: To: From: To: Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)		(This sec	ction applies to ca	ases other than proba	te guardiansh	ips.)		
CTHER PARTY: (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one): a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding, as follows (list oldest child first): Full Name Date of birth Place of birth (city and state) a. Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2 Additional children" at the top, provide all requested information for each additional child, and attach to this form.) Additional Children" at the top, provide all requested information for each additional child, and attach to this form.) Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide with and complete current address. Dates of residence. (City, State) Confidential (list state only) From: To: From: To: From: To: Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)	F	PETITIONER:						
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form FI -105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.	b.	Check th	nis box if there is	more than one child a	and all the chi	dren <i>have not</i>	lived together for the pas	st five years. (Attach
1011111 E 100(1) (1) 00 120(1) and not out the		form FL-	-105(A)/GC-120(A) and list each other	child's curren	t address and	their residence history fo	r the past five years.) Page 1 of

:ASE NAME:				CASE NUMBER:	FL	-105/GC-12	
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Do you have information or custody or visitation Yes No	proceeding, in Ca	you participated as a par lifornia or elsewhere, co a copy of the orders if y	ncerning a child	d subject to this procee	eding?	er court case	
Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case statu	
a. Family							
b. Probate Guardianship							
c. Other							
Proceeding	(Case Number		Court (name, state	or tribe, location	1)	
d. Juvenile							
e. Adoption							
Court	County	State or Tribe	Case I	Number (if known)	Orders exp	ire (date)	
a. Criminal	County	State of Tribe	Case	Number (ii known)	Orders exp	uile (date)	
b. Family							
c. Juvenile							
d. Other							
Do you know of any pe or visitation with any ch a. Name and address of	nild in this case?	party to this proceeding Yes No b. Name and addres	(If yes, provi	ide the following inform			
Has physical custody Claims custody rights Claims visitation rights Name of each child:		Claims custody	Has physical custody Claims custody rights Claims visitation rights		Has physical custody Claims custody rights Claims visitation rights Name of each child:		
	- attacks to	The state of the s					
Number of pages		- laws of the State of Colif	ornia that tha fa	rogoing is true and se	rroot		
te:	oorjury under the l	aws of the State of Calif	orma mat me 10	regoing is true and co	nect.		
(NAME	OF DECLARANT)			(SIGNATURE OF E	DECLARANT)		

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

	FL-105(A)/GC-120(A
CASE NAME:	CASE NUMBER:
	ACHMENT TO DDY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)
	not lived together for the last five years, use as many copies of this form
3. b Name of child: history for the past five years. If the current address provide only the state of residence.)	(Provide the child's current address and their residence as is confidential under Family Code section 3429, check the box and
Residence information is the same as given f	or the child listed in item 2a on form FL-105/GC-120. (If not the same,

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship	
From:	To present				
		Confidential (list state only)	Confidential (list state only)		
From:	То:				
From:	То:				
			,		
From:	То:				
From:	То:				

	of residence lonth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present			
		Confidential (list state only)	Confidential (list state only)	W. A. C. J. C.
From:	То:			
From:	To:			
From:	То:			
From:	To:			

history for the past five years. If the current address is confidential under Family Code section 3429, check the box and

3. b. ___ Name of child:

(Provide the child's current address and their residence

					FL-1()5(A)/GC-120(A				
CASE N	AME:				CASE NUMBER:					
DE	ECLARATION	I UNDER UNIFOR	ATTACHMENT TO	-	D ENFORCEMENT ACT	(UCCJEA)				
Instruct	tions: If all the	children subject to th	ne proceeding have not lived togeti ach item and each page consecuti	her for the las	t five years, use as many c	opies of this form				
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			Confidential (list state only)	Confid	dential (list state only)					
	From:	То:								
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3. b	provide only Resid	he past five years. y the state of reside	the same as given for the child list	al under Famil		ck the box and				
		s of residence lonth/Year)	Residence (City, State)		ild lived with (name and ete current address)	Relationship				
	From:	To present								
	From:	То:	Confidential (list state only)	Confid	lential (list state only)					
	From:	To:								
	From:	То:								
	From:	То:								

PARTY WITHOUT ATTORNEY	OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:		STATE: ZIP CODE:	
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:		
	RESPONDENT:		
OTHER PARTY/PARE	ENT/CLAIMANT:		
11	NCOME AND EXPENS	E DECLARATION	CASE NUMBER:
4		rent job or if you're unemployed your mas	et recent inh)
		rent job or, if you're unemployed, your mos	n recent job.)
	mployer: mployer's address:		
or your pay	•		
Stubs for last	mployer's phone number:		
1	ccupation:		
	ate job started: unemployed, date job en	ded.	
	work about	hours per week.	
J	get paid \$	gross (before taxes) per month	per week per hour.
(If you have more that	-	1/2-by-11-inch sheet of paper and list the	e same information as above for your other
2. Age and education		. ,	
• • • • •			
, , ,	• *	uivalent: Yes No If no	o, highest grade completed (specify):
·	ted high school or the equ		
•	rs of college completed (
d. Number of yea	rs of graduate school con		ree(s) obtained <i>(specify):</i>
e. I have:	professional/occupation		
	vocational training (spe	cify):	
3. Tax information			
a. I last file	ed taxes for tax year (spec	sify year):	
b. My tax filing st	atus is single	head of household marri	ied, filing separately
married,	filing jointly with (specify	name):	
c. I file state tax	returns in Califor	rnia other (specify state):	
		ons (including myself) on my taxes (specify):
4. Other party's inc. This estimate is ba		monthly income (before taxes) of the othe	er party in this case at (specify). \$
		stions on this form, attach an 8 1/2-by-11	Linch sheet of naner and write the
question number be	fore your answer.) Nur	mber of pages attached:	
I declare under penalt any attachments is tru		s of the State of California that the informa	tion contained on all pages of this form and
Date:			
		•	
	(TYPE OR PRINT NAME)	<u> </u>	(SIGNATURE OF DECLARANT)
	•		Page 1 of 4

	FL-150
PETITIONER: CASE N	NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	
Attach copies of your pay stubs for the last two months and proof of any other income. Ta return to the court hearing. (Black out your Social Security number on the pay stub and ta	ke a copy of your latest federal tax x return.)
5. Income (For average monthly, add up all the income you received in each category in the las and divide the total by 12.)	Average
a. Salary or wages (gross, before taxes)	Last month monthly
b. Overtime (gross, before taxes)	\$
d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving	
e. Spousal support from this marriage from a different marriage federall	y taxable* \$
f. Partner support from this domestic partnership from a different domestic	partnership \$
g. Pension/retirement fund paymentsh. Social Security retirement (not SSI)	•
i. Disability: Social Security (not SSI) State disability (SDI) Private	
j. Unemployment compensation	
k. Workers' compensation	\$
 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	
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 Social Security number. If you have more than one business, provide the information a	federal tax return. Black out your bove for each of your businesses.
8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the amount):	e last 12 months (specify source and
9. Change in income. My financial situation has changed significantly over the last 12 mo	onths 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 relationshipse. Spousal support that I pay by court order from a different marriage federally tax dea	1. (*) 1. 4
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 label	
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, real and personal <i>(estimate fair market value mini</i>	
* Check the box if the spousal support order or judgment was executed by the parties and the court before Ja	
maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.	andary 1, 2019, or if a count-ordered change

							FL-150
	PETITIONER:			CA	SE NUMBER:		
	RESPONDENT:						
ОТ	HER PARTY/PARENT/CLAIMANT:						
12. T I	ne following people live with me:						200.00
N	lame	Age	How the person is related to me (ex: son)	That persor monthly inc		Pays some of household ex	
а						Yes	No No
b						Yes Yes	No No
d						Yes	□ No
e				,		Yes	No
∟ 13. A ¹	verage monthly expenses	Estimated	l expenses Actual	l expenses	Propo	sed needs	
a.	Home:		h. Laund	dry and cleanir	ng	\$	
	(1) Rent or morto	gage		es			
	If mortgage:			ation			
	(a) average principal: \$			tainment, gifts			
	(b) average interest: \$			expenses and rance, gas, rep			
	(2) Real property taxes		▼	ance (life, acci			
	(3) Homeowner's or renter's insura (if not included above)		\$ auto,	home, or heal	th insurance).	\$ _	
	(4) Maintenance and repair		\$ n. Savin	igs and investr			
b.	Health-care costs not paid by insur	ance	Ψ	table contribut			
C.	Child care			hly payments l ize below in 14			
d.	Groceries and household supplies		\$	r (specify):	and moent to	\$	
e.	Eating out		\$				
f.	Utilities (gas, electric, water, trash)			AL EXPENSES mounts in a(1)		t add in \$	
g.	Telephone, cell phone, and e-mail.		\$	unt of expens		thers \$	
			3. Allio	unt or expens	co paid by o		
14. In	stallment payments and debts no	listed abo	ve				
F	aid to	For		Amount	Balance	Date of last	payment
				\$	\$		
			•	\$	\$		
				\$	\$		
į				\$	\$		
				\$	\$		
				\$	\$		

I confirm this fee arrangement.

Date:	>
(TYPE OR PRINT NAME OF ATTORNEY)	(SIGNATURE OF ATTORNEY)

		FL-15
PETITIONER:	CASE NUMBER:	
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
CHILD SUPPORT INFORMATI (NOTE: Fill out this page only if your case invo		
6. Number of children	orres sima supporta	
	£ 4.0	and the distance of
b. The children spend percent of their time with me and	e of 18 with the other pare	
(If you're not sure about percentage or it has not been agreed on, please des		e with the other parent. edule here.)
7. Children's health-care expenses a I do I do not have health insurance available to me for the second content of the s	he children through my iob	
b. Name of insurance company:	ne armaran amaagn my jas	•
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.)	: \$	
8. Additional expense for the children in this case	Amount per m	onth
Childcare so I can work or get job training	\$	
Children's health care not covered by insurance		
c. Travel expenses for visitation		
d. Children's educational or other special needs (specify below):	\$	
9. Special hardships. I ask the court to consider the following special financial circ (attach documentation of any item listed here, including court orders):	cumstances Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	\$	Tot how many months.
b. Major losses not covered by insurance (examples: fire, theft, other	\$	
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):	
0. Other information I want the court to know concerning support in my case	(enecify):	

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address):	FOR COURT USE ONLY
-	
TELEPHONE NO.: FAX NO.:	
TELEPHONE NO.: FAX NO.: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	(If applicable, provide):
	HEARING DATE:
OTHER PARENT/PARTY:	HEARING TIME:
PROOF OF PERSONAL SERVICE	DEPT.:
1. I am at least 18 years old, not a party to this action, and not a protected person listed in	any of the orders.
2. Person served (name):	
3. I served copies of the following documents (specify):	
4. By personally delivering copies to the person served, as follows:a. Date:b. Time:c. Address:	
5. I am a. not a registered California process server. b. a registered California process server. c. an employee or independent contractor of a registered California process server. c. an employee or independent contractor of a registered California process server.	
5. My name, address, and telephone number, and, if applicable, county of registration and	I number <i>(specify):</i>
7. I declare under penalty of perjury under the laws of the State of California that the f B. I am a California sheriff or marshal and I certify that the foregoing is true and correct	
Date:	
\	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGN	NATURE OF PERSON WHO SERVED THE PAPERS)

LEAVE FORMS FL-320 & FL-335 BLANK **FOR THE** RESPONDENT

PART	Y WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NU	MBER:	FOR COURT USE ONLY
NAME	:			
FIRM	NAME:			
STRE	ET ADDRESS:			
CITY:		STATE:	ZIP CODE:	
	PHONE NO.:	FAX NO.:		
	_ ADDRESS:			
ATTO	RNEY FOR (name):			
SUP	ERIOR COURT OF CALIFORNIA, COUN	TY OF		
STRI	EET ADDRESS:			
	ING ADDRESS:			
	AND ZIP CODE:			
E	BRANCH NAME:			
	PETITIONER:			
	RESPONDENT:			
OTH	HER PARENT/PARTY:			
	RESPONSIVE DECLAR	ATION TO REQUE	ST FOR ORDER	CASE NUMBER:
		TIME:	DEPARTMENT OR ROOM:	
	Read Information Sheet: Responsive	e Declaration to Reque	est for Order (form FL-320-IN	IFO) for more information about this form.
1. [RESTRAINING ORDER INFOR	MATION		
,. F			s are now in effect between	the parties in this case.
b				now in effect between the parties in this case.
	7 Tagree that one of more def	neono violonoo roona	ming/protocate orders are in	,
-				
2. L	CHILD CUSTODY	- \		
L	VISITATION (PARENTING TIM		ar I I I I I I I I I I I I I I I I I I I	\
8	· .			').
k	- Annual Control Contr			7
C	L	·	child custody	visitation (parenting time)
	but I consent to the fo	llowing order:		
0 [OLUI D OLIDDODT			
3.	CHILD SUPPORT		D 11 15 15 15 15 15 15 15 15 15 15 15 15) an if alimible a gurrant Financial
8	a. I have completed and filed a curre) or, it eligible, a current <i>Financial</i>
	Statement (Simplified) (form FL-15		onsive declaration.	
t				
C				
C	d. I do not consent to the order	requested bu	t I consent to the following o	order:
		OTHER CURE CET		
4. [SPOUSAL OR DOMESTIC PAR			
a	 I have completed and filed a curre 	nt <i>Income and Expen</i>	se Declaration (form <u>FL-150</u>) to support my responsive declaration.
k	. I consent to the order reque	sted.		
C			t I consent to the following of	order:
	i do not consent to the order			

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
	•	
Date:		
I declare under penalty of perjury under the laws of the Statis true and correct.	ate of California that the informat	ion provided in this form and all attachments
longer than 10 pages, unless the court gives me	e permission.	Attachment 9.
9. FACTS TO SUPPORT my responsive declaration		t I write and attach to this form cannot be
b. I do not consent to the order requested	but I consent to the follow	wing order:
8. TIME FOR SERVICE / TIME UNTIL HEARING a. Consent to the order requested.		
a. I consent to the order requested.b. I do not consent to the order requested	but I consent to the follow	ving order:
7. OTHER ORDERS REQUESTED		
d. I do not consent to the order requested	but I consent to the follow	villy oldel.
c.		wing order:
b. I have completed and filed with this form a Support declaration that addresses the factors covered in the support of the factors.	ting Declaration for Attorney's Fe	
6. ATTORNEY'S FEES AND COSTS a. I have completed and filed a current <i>Income and E</i>	Expense Declaration (form <u>FL-150</u>) to support my responsive declaration.
b rad not consent to the order requested	but I consent to the following (oruer.
a.	but I consent to the following	order:
5. PROPERTY CONTROL		
RESPONDENT: OTHER PARENT/PARTY:		
PETITIONER:		CASE NUMBER:

	1 E-355
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	(If applicable, provide):
OTHER DARENT (DARTY)	HEADING DATE:
OTHER PARENT/PARTY:	HEARING DATE: HEARING TIME:
PROOF OF SERVICE BY MAIL	DEPT.:
NOTICE: To serve temporary restraining orders you must use persona	al service (see form FL-330).
 I am at least 18 years of age, not a party to this action, and I am a residuace. 	dent of or employed in the county where the mailing took
2. My residence or business address is:	
3. I served a copy of the following documents (specify):	
by enclosing them in an envelope AND a. depositing the sealed envelope with the United States Postal b. placing the envelope for collection and mailing on the date an business practices. I am readily familiar with this business's primailing. On the same day that correspondence is placed for control business with the United States Postal Service in a sealed envelope.	d at the place shown in item 4 following our ordinary ractice for collecting and processing correspondence for ollection and mailing, it is deposited in the ordinary course of
4. The envelope was addressed and mailed as follows:a. Name of person served:b. Address:	
c. Date mailed: d. Place of mailing (city and state):	
5. I served a request to modify a child custody, visitation, or child sup address verification declaration. (Declaration Regarding Address Custody, Visitation, or Child Support Order (form FL-334) may be	Verification—Postjudgment Request to Modify a Child
6. I declare under penalty of perjury under the laws of the State of Californ	nia that the foregoing is true and correct.
Date:	
Date.	
(TYPE OR PRINT NAME)	(SIGNATURE OF PERSON COMPLETING THIS FORM) Page 1 of 1
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