

Instructions for Responding to **Request for Order**

WHEN TO USE THIS PACKET

Use this packet if you want to Respond to Request for Order paperwork that was served on you by the other party.

STEPS IN RESPONDING:

The forms in this packet can be used to respond to the Request for Order documents served on you by the other party. You may be responding to the issues of child custody, child visitation, child support or spousal support, property issues or other issues.

You have nine (9) court days before the hearing to serve the other party with a copy of your **Responsive Declaration** and to file your Responsive Declaration with the court.

- You will need to **complete the paperwork** enclosed with this packet;
- **Make 2 copies** and have someone over the age of 18, *not you*, **mail a copy of your Responsive Declaration** to the other parent and complete the Proof of Service.
- **File your Responsive Declaration and the Proof of Service.**

FORMS INCLUDED:

Responsive Declaration	[FL-320]
Declaration Under UCCJEA	[FL-105]
Income and Expense	[FL-150]
Proof of Service by Mail	[FL-335]

1 If you received a *Request for Order* (form FL-300),

- Carefully read the papers you received to make sure you understand what orders are being requested.
- Note the date, time, and location of the court hearing.
- Check to see if the court ordered a specific date for filing and serving your *Responsive Declaration to Request for Order* (form FL-320).
- If you need more time before the hearing to prepare a responsive declaration or talk with a lawyer, you may ask the court to continue the hearing date. For more information, consult with a lawyer or contact the the Family Law Facilitator or Self-Help Center in your court (see item **16**).

2 USE *Responsive Declaration to Request for Order* (form FL-320)

Use form FL-320 to let the court and the other party know that you agree or disagree with each of the requests made in the *Request for Order* (form FL-300).

- If you disagree, use form FL-320 to describe the orders you would like the court to make.
- If you do not file and serve form FL-320, the court can still make orders without your input.

3 DO NOT USE *Responsive Declaration to Request for Order* (form FL-320) to:

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* ([form FL-300](#)) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* ([form DV-100](#)). Instead, you must use *Response to Request for Domestic Restraining Order* ([form DV-120](#)).

4 Forms checklist

- [Form FL-320](#), *Responsive Declaration to Request for Order* is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
- For 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*
- For child support, you need:
 - A current [form FL-150](#), *Income and Expense Declaration*. You may use [form FL-155](#), *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.

Notice:

 - The court will order child support based on the income of the parents.
 - Child support normally continues until the child is 18 years and has graduated from high school.
 - You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
- For spousal or domestic partner support or orders about your finances, you need these forms:
 - [FL-150](#), *Income and Expense Declaration*
 - [FL-157](#), *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- For attorney's fees and costs, you need these forms:
 - [FL-150](#), *Income and Expense Declaration*
 - [FL-158](#), *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)
 - [FL-319](#), *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- If you plan on having witnesses testify at the hearing, you need this form:
 - [FL-321](#), *Witness List*



To respond to a *Request for Order*, you must: Complete caption of the form

5 Complete the top portion including your name, address, and telephone number, the court address, the name of all the parties in the case, and the case number. Also, print or type the same hearing date, time, and department that appears on the *Request for Order* (form FL-300).

6 Specify a response to orders requested

Items 1–9: Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: you may file one form FL-150 to respond to items 3, 4, and 6.*

Item 10: Use the space to explain your responses to items 1–9. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

Sign and date: Print your name, sign, and write the date you signed form FL-320.

7 Next steps: file or serve your paperwork

You must file your paperwork with the court clerk at least 9 court days before the hearing. If the court orders a shorter time to file your papers, file them by the date specified in the order.

Make 2 copies of your original paperwork. Then, do one of the following before the filing deadline:

- Take your paperwork and copies to the court clerk to process (or e-file them, if available in your county). The clerk will keep the original and give you back copies with a court stamp on them. Have a stamped copy served; or
- Have an unstamped copy of your paperwork served *before* you take (or e-file) the originals and copies to the court clerk to file. Be sure the original documents are not served.

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.		FOR COURT USE ONLY	
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO. (optional):		
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:			
RESPONSIVE DECLARATION TO REQUEST FOR ORDER			CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	

Read Information Sheet: *Responsive Declaration to Request for Order* (form FL-320-INFO) for more information about this form.

1. RESTRAINING ORDER INFORMATION

a. No domestic violence restraining/protective orders are now in effect between the parties in this case.

b. I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.

2. CHILD CUSTODY

VISITATION (PARENTING TIME)

a. I consent to the order requested for child custody (legal and physical custody)

b. I consent to the order requested for visitation (parenting time).

c. I do not consent to the order requested for child custody visitation (parenting time)

d. but I consent to the following order:

3. CHILD SUPPORT

a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-150) to support my responsive declaration.

b. I consent to the order requested.

c. I consent to guideline support.

d. I do not consent to the order requested but I consent to the following order:

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT

a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.

b. I consent to the order requested.

c. I do not consent to the order requested but I consent to the following order:

Form Adopted for Mandatory Use
Judicial Council of California
FL-320 (prev. July 1, 2015)

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

Page 1 of 3
Code of Civil Procedure, § 3026
Cal. Rules of Court, rule 5.52
www.court.ca.gov

8 Pay filing fees

Generally, you do not have to pay a fee to file the *Responsive Declaration*. However, if you have never filed any papers in the case, you may have to pay a “first appearance fee,” which, in general, everyone has to pay when filing court papers in a case for the first time.

If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file [form FW-001, Request to Waive Court Fees](#) and [form FW-003, Order on Court Fee Waiver](#).

9 Serve your papers on the other party

“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 want the court to make. Note: If a party has a lawyer in the case, the papers should be served on that party’s lawyer.



10 How to “serve”

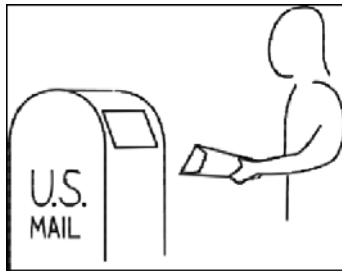
Server. You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

Personal service.

Your papers may be served by “personal service.” “Personal service” means that your “server” walks up to each person to be served, makes sure he or she is the right person, and then gives a copy of all the papers to him or her.

**Service by mail.**

“Service by mail” means that your “server” places copies of all the documents in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if he or she has one.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.

**11 Deadline for service**

Personal service or service by mail on the other party must be completed at least *9 court days* before the court hearing. If the court has ordered a shorter time to serve your responsive papers, be sure to have them served by the date specified in the court order.

12 Server must complete a *Proof of Service*

After personal service, the server should complete a [form FL-330](#), *Proof of Personal Service*. [Form FL-330-INFO](#), *Information Sheet for Proof of Personal Service* has instructions to help the person complete the form.

After service by mail, the server should complete [form FL-335](#), *Proof of Service by Mail*. [Form FL-335-INFO](#), *Information Sheet for Proof of Service by Mail* has instructions to help the person complete the form.

13 File the *Proof of Service* before your hearing date

The *Proof of Service* shows the judge that the person received a copy of your *Responsive Declaration to Request for Order*. Make three copies of the completed *Proof of Service*. Take the original and copies to the court clerk as soon as possible **before your hearing**.

The clerk will keep the original and give you back the copies stamped “Filed.” Bring a copy stamped “Filed” to your hearing. (If unstamped copies of your paperwork were served, you can file the completed *Proof of Service* when you file the original *Responsive Declaration*.)

14 Participate in child custody mediation or child custody recommending counseling

If the *Request for Order* includes a court order for you to attend mediation or child custody recommending counseling, the date, time, and location is found on page 1 of the *Request for Order*. For more information, read *Child Custody Information Sheet* (form [FL-313-INFO](#) or form [FL-314-INFO](#)).

15 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 the hearing at www.courts.ca.gov/1094.htm.

16 Still have questions or need help?

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/1083.htm/>.
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney 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 lawhelpcalifornia.org.

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT		MC-031 CASE NUMBER: _____
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DECLARATION
(This form must be attached to another form or court paper before it can be filed in court.)

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Attorney for Plaintiff Petitioner Defendant
 Respondent Other (Specify): _____

Form Approved for Optional Use
 Judicial Council of California
 MC-031 (Rev. July 1, 2005)

ATTACHED DECLARATION

Page 1 of 1

How to fill out
**ATTACHED DECLARATION
(MC-131)**

DIRECTIONS

Type or print in blue or black ink.
If you have a case number write it in.

1. Write the names of the petitioner and the respondent.
2. Use this form if you need more space to answer the questions on numbers 1-9. Additionally, you will use this page to write the facts to support your declaration.
3. You can add additional pages if needed.
4. Date, print and sign your name on the bottom of the form.

How to fill out

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (FL-105/GC-120)

NOTE: If there are no minor children in your case you do not need to complete this form.

Type or print in blue or black ink.

FL-105/GC-120

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
TELEPHONE NO.: FAX NO. (Optional):
E-MAIL ADDRESS (Optional):
ATTORNEY FOR JAMES:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:
(This section applies only to family law cases.)

PETITIONER:
RESPONDENT:
OTHER PARTY:
(This section applies only to guardianship cases.)

GUARDIANSHIP OF (Name): Minor CASE NUMBER:

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

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number) minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input checked="" type="checkbox"/> Confidential Child's residence (City, State)	<input checked="" type="checkbox"/> Confidential Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

b. Residence information is the same as given above for child a. (If NOT the same, provide the information below.)

b. Child's name	Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input checked="" type="checkbox"/> Confidential Child's residence (City, State)	<input checked="" type="checkbox"/> Confidential Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
d. Additional children are listed on form FL-105(A)/GC-120(A) (Provide all requested information for additional children.)

Page 1 of 2
Form Required by Mandatory Use
Judicial Branch of California
FL-105(GC-120) (Rev. January 1, 2008)

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

Family Code, § 3402 et seq.
Probate Code, §§ 15100, 1512
www.courtinfo.ca.gov

ESSENTIAL FORMS

1. Write your name, address and telephone number at the top of the page.
2. Fill in the Court's address. It is 1130 "O" Street, Fresno, California 93724
3. Write the name of the petitioner (the person who started the case) and the respondent.
4. Write the case number if you have one. If this is a new case leave that part blank.
5. If you are alleging domestic violence or child abuse and your address is unknown to the other party, you may mark box #2 and the "Confidential" boxes under 3(a) & (b). Note: A "confidential" address may be assigned by the California Secretary of State through the Safe at Home program.
6. Under 3(a) fill in the oldest child's name, place of birth, date of birth and "male" or "female".
7. Give information about where the child(ren) have lived for the last 5 years beginning today and going back 5 years.
8. Under "period of residence" write when the child moved into and out of a residence, what the address was, the name of the person the child lived with (mom's name, dad's name or both parents' names or other) and the last box "Relationship" list "mother" "father" "parents" or "other"
9. If you have more than one child continue to box "b" and complete the first section including the child's name, place of birth, date of birth and sex. If the second child has always lived with the first child, check the box (b) under the child's name and leave the rest of the box blank. If the second child has lived separately from the first, complete the rest of this section as above.

FL-105/GC-120

SHORT TITLE: _____ CASE NUMBER: _____

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

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)

7. Number of pages attached: _____

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/GC-120 (Rev. January 1, 2008) Page 2 of 2
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCC/JEA)

How to fill out

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (FL-105/GC-120)

NOTE: If there are no minor children in your case you do not need to complete this form.

Type or print in blue or black ink.

1. If there are no other cases regarding custody or visitation of the children in this case mark the box "No" and skip to the next section. If there are other cases involving the children check "yes" and check the type of case (a)(b) or (c) the case number, where the case is, the date the order was filed and the name of the child included in this order.
2. If there is a Juvenile case or Adoption case involving the children check box (d) or (e) and write the case number and name of the court that made the order.
3. If you have restraining orders check box #5 and check the box that applies (5a,b,c or d). List the County, State, and case number of each case. Write the date the order expires.
4. At #6: If the children in this case live with the mother or father and no one else claims to have custody or visitation rights to the children check box "no". Date, print and sign the form. If the children are not living with the mother or the father check box "yes" and list the name and address of the person the child(ren) reside with. Complete a separate box for each child 6(a)(b)(c).

How to fill out

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (FL-105/GC-120)

NOTE: If there are no minor children in your case you do not need to complete this form.

Use this form if you have more than two children.

Type or print in blue or black ink.

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

CASE NAME	CASE NUMBER
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child A. (If NOT the same, provide the information below.)	Child's name	Place of birth	Date of birth	Sex
Period of residence	Present address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child A. (If NOT the same, provide the information below.)	Child's name	Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child A. (If NOT the same, provide the information below.)	Child's name	Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

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Form Adopted for Mandatory Use
Adopted from Florida
FL-105/GC-120 (Rev. January 1, 2006)

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

Family Case # 3452 at 11:15
Probate Case # 10500 1512
www.courts.fl.gov

Florida
ESSENTIAL FORMS™

1. Use this form if you have more than two children from this relationship. Fill this out the same way you did for the first two children. Ask for more forms if needed.

How to fill out
**INCOME AND
 EXPENSE
 DECLARATION
 (FL-150)**

DIRECTIONS

Type or print in blue or black ink.

If you know the CASE NUMBER
 fill it in. If not leave it blank.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) TELEPHONE NO. 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 RESPONDENT/DEFENDANT OTHER PARENT/CLAIMANT INCOME AND EXPENSE DECLARATION	FL-150 FOR COURT USE ONLY CASE NUMBER
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1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

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

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

(If you have more than one job, attach an 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): _____
 b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): _____
 c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
 d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
 e. I have: professional/occupational license(s) (specify): _____
 vocational training (specify): _____

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

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

(If you need more space to answer any questions on this form, attach an 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: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

Page 1 of 4

Form Adopted for Mandatory Use
 Judicial Branch of California
 FL-150 (Rev. January 1, 2007)

INCOME AND EXPENSE DECLARATION

Family Code, §§ 2030-2032,
 2100-2113, 3045, 3020-3034,
 4050-4076, 4200-4209
 www.courtinfo.ca.gov

1. Print your name, address and phone number.
2. If not filled in for you write the Court's address. Write "Fresno" after COUNTY OF. The address is 1130 "O" Street, Fresno, CA 93724-2201. The branch name is: B.F. Sisk Courthouse.
3. Fill in the names of the Petitioner and Respondent. (The Petitioner is the person that started the case.)
4. At #1 fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.
 - Fill in the employer information and your occupation. Example: Driver
 - Fill in the date your job started (e). If you're unemployed write the date your job ended (f).
 - Fill in how many hours you work (g) and how much you are paid before taxes are taken out (h).
 - Be sure to include **copies of our pay stubs** for the last two months. Use a **dark marker** to cross out your Social Security number.
5. At #2 fill in your age and education information.
6. At #3 fill in your tax information.
7. Write the total amount the other person in this case makes in a month, before taxes, and explain how you know this. If you don't know what they earn now write what they earned the last time you knew.
8. Date, print your name on the left and sign on the right.

INCOME AND EXPENSE DECLARATION (FL-150)

-page three-

DIRECTIONS

Type or print in blue or black ink.

If you know the CASE NUMBER
fill it in. If not leave it blank.

FL-150

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: (1) Rent or mortgage \$ _____ h. Laundry and cleaning \$ _____

 If mortgage: (a) average principal: \$ _____ i. Clothes \$ _____

 (b) average interest: \$ _____ j. Education \$ _____

(2) Real property taxes \$ _____ k. Entertainment, gifts, and vacation \$ _____

(3) Homeowner's or renter's insurance (if not included above) \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____

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

b. Health-care costs not paid by insurance \$ _____ n. Savings and investments \$ _____

c. Child care \$ _____ o. Charitable contributions \$ _____

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

e. Eating out \$ _____ q. Other (specify): _____ \$ _____

f. Utilities (gas, electric, water, trash) \$ _____ r. **TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))** \$ _____

g. Telephone, cell phone, and e-mail \$ _____ s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

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

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

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

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

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

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

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

FL-150 (Rev. January 1, 2007)
INCOME AND EXPENSE DECLARATION
Page 3 of 4

1. Write the name of the petitioner and the name of the respondent.
2. Give information about all persons who live with you.
 - Write their names, ages and how they are related to you (parent, child, other relative, friend).
 - Write down each person's monthly income, before taxes, and check the "yes" or "no" box if this person pays some of the living expenses.
3. **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check the third box only if you expect these to be your expenses each month.
 - Review (a) through (o) and list the expense (how much it will cost) each month for each area.
 - (p) List the total amount you pay each month for the items you list on **#14-Installment payments**.
 - (r) List your total expenses from #13 and #14.
4. List your monthly installments payments and debts. These include any monthly payments you have that are not above. They could include car payments, credit card payments, loans, etc.
 - First column: fill in the name of the creditor (who gets the payment). Example: Bank of XYZ.
 - Second column: describe what the payment is for.
 - Third column: amount of last payment
 - Fourth column: total amount you still owe
 - Date of your last payment
5. If you are represented by an attorney and are requesting the other party pay some or all of your attorney fees complete this section. If you do not have an attorney and have not paid any attorney fees leave this section blank.

Do not date print or sign this page.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER FL-150
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CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

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

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

18. Additional expenses for the children in this case

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

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

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

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

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

FL-150 (Rev. January 1, 2007) Page 4 of 4
 HENRI HUNT ESSENTIAL FORMS™

INCOME AND EXPENSE DECLARATION (FL-150)

-page four-

DIRECTIONS

Type or print in blue or black ink.

If you know the CASE NUMBER fill it in. If not leave it blank.

1. Print the names of petitioner and respondent at the top of the page. Write the case number. **Fill out the rest of this page only if your case involves child support.**
2. At #16 fill in the number of children you have with the other parent that are **under age 18**. Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time." If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
3. At #17 check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance DO NOT include costs already paid by your job.
4. At #18 fill in monthly amounts that apply to you regarding: (a) child care, (b) uncovered health care for the children, (c) travel expenses for visitation or (d) children's education or special needs. Describe expenses needed for (d).
5. At #19 list any "special hardships" (things that make daily living hard.)
 - Complete (a) or (b) if they apply to you.
 - Complete (c) 1-3 if you have children from another relationship living with you.
 If you filled out anything under Special Hardships explain why they create an extreme hardship for you.
6. At #20: In this space you may write other information you want the court to know about your case.

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

Read *Information Sheet: Responsive Declaration to Request for Order* ([form FL-320-INFO](#)) for more information about this form.

1. **RESTRAINING ORDER INFORMATION**
 - a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

2. **CHILD CUSTODY**
 VISITATION (PARENTING TIME)
 - a. I consent to the order requested for child custody (legal and physical custody).
 - b. I consent to the order requested for visitation (parenting time).
 - c. I do not consent to the order requested for child custody visitation (parenting time)
 but I consent to the following order:

3. **CHILD SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) or, if eligible, a current *Financial Statement (Simplified)* ([form FL-155](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I consent to guideline support.
 - d. I do not consent to the order requested but I consent to the following order:

4. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I do not consent to the order requested but I consent to the following order:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. PROPERTY CONTROL

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

6. ATTORNEY'S FEES AND COSTS

- a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
- c. I consent to the order requested.
- d. I do not consent to the order requested but I consent to the following order:

7. DOMESTIC VIOLENCE ORDER

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

8. OTHER ORDERS REQUESTED

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

9. TIME FOR SERVICE / TIME UNTIL HEARING

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

10. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. [Attachment 10.](#)

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for
- Respondent
- Plaintiff
- Other (*Specify*):
- Petitioner
- Defendant

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

DECLARATION

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

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

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF DECLARANT)

- Attorney for
- Respondent
- Plaintiff
- Other (*Specify*):
- Petitioner
- Defendant

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:	
<i>(This section applies only to family law cases.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i>	CASE NUMBER:
GUARDIANSHIP OF (Name): _____ Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.) Page 1 of 2

SHORT TITLE: 	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child
---	---	---

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)

7. Number of pages attached: _____

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.



CASE NAME: 	CASE NUMBER:
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

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

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

Attach copies of your pay stubs for last two months (black out social security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(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):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

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

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

(If you need more space to answer any questions on this form, attach an 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:

_____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT)

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

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

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

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

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

7. **Income from self-employment, after business expenses for all businesses**

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

Number of years in this business (specify) :

Name of business (specify) :

Type of business (specify) :

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

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

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

10. **Deductions**

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

11. **Assets**

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



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

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

16. Number of children

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

17. Children's health-care expenses

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

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

18. Additional expenses for the children in this case

Amount per month

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

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

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

(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)* :

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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
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 Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

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 support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

6. 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 PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.