

Instructions For Temporary Orders

WHEN TO USE THIS PACKET

If you believe the health and safety of your child(ren) is/are at risk if the court does not make immediate orders, you can ask the court for "temporary orders." These orders are not the norm and are to be requested only in extreme situations to avoid irreparable harm.

STEPS TO FILE A TEMPORARY ORDER REQUEST:

You must **notify** the other party *before* 10:00 a.m. the COURT day before you file your request for temporary orders. This means if you want to file on a Monday you need to give notice before 10:00 a.m. on Friday. You must be very specific when you give notice. You must tell the other party exactly what you are filing, what you are asking for, and when you will be filing your forms. If you do not give proper prior notice, it is likely your request will be denied. The court can only consider your request for emergency orders if you give timely prior notice or you show that an exception applies. There are very few exceptions to the prior notice requirement. These exceptions are listed on the "Request for Ex Parte Orders" pleading document. If you are unable to give notice or feel notice should not be required in your case, you will need to provide facts to support the reason why you feel you should not have to comply with the notice requirement. Remember, the law is notice is required, so you are asking the court for an exception in your case. An exception will not be granted unless there is a thorough explanation with facts to support the request.

Note: Even if an explanation is provided, the court may decide not to waive the notice requirement.

1. The following forms in this packet are to be completed:

<input type="checkbox"/> Temporary Emergency (Ex Parte) Orders	FL-305
<input type="checkbox"/> Request for Ex Parte Orders	Pleading
<input type="checkbox"/> Request for Order	FL-300
<input type="checkbox"/> Attached Declaration	MC-031
<input type="checkbox"/> Declaration under Uniform Child Custody Jurisdiction Act	FL-105

2. You will need to make at least 2 additional copies of each form you fill out and any attachments you are including. If there is an existing custody/visitation order, you must attach a copy of the order.

Instructions for Temporary Orders

ADDITIONAL INFORMATION

3. Once the packets are completed, you must submit the original and 2 copies to the Family Law Clerk on the 2nd floor of the courthouse. Once submitted, the court will review your paperwork and decide if it will grant ex parte relief or temporary orders. If temporary orders are granted, a hearing will be set and you will need to have someone other than you, over the age of 18, personally serve the other party with the paperwork no later than 5 court days before the hearing or as otherwise ordered by the court. Whoever serves the papers must complete a Proof of Personal Service [FL-330] and file it with the court before the court date.

In your attached declaration, you must tell the court why you should be granted a temporary/emergency order. You must provide a very detailed declaration to the court explaining why you need emergency orders. The declaration must contain **facts** within your personal knowledge to show why the emergency order is needed. It is not enough to say it is "an emergency" or "the child is in danger" or "harm will occur if orders are not made." Those statements are opinions and conclusions. You need to provide facts to support what you are asking for and facts to support your opinion regarding harm or danger. If you feel there is a chance of harm or danger, you need to explain the circumstances to the court. If you do not provide facts and a detailed description to support your request, it will not be granted.

If you 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 the petitioner for the duration of the case.

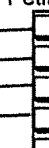
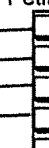
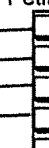
There is a filing fee for filing the enclosed forms. You may be eligible for a "Fee Waiver" which is available as a separate packet.

Revised 1/1/26

Revised 7/02/2025

FORM INSTRUCTIONS

FL-305

ATTORNEY OR PARTY WITHOUT ATTORNEY: YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER <small>E-MAIL ADDRESS:</small>	STATE BAR NO.: STATE: ZIP CODE: FAX NO.:	<small>FOR COURT USE ONLY</small> SAMPLE ONLY DO NOT WRITE ON THIS COPY!																										
ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:		CASE NUMBER: COURT CASE NUMBER																										
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:																												
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): CHECK ALL THE BOXES THAT APPLY																												
1. TO (name(s)): WRITE THE OTHER PARTY'S NAME <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other Parent/Party <input type="checkbox"/> Other (specify): A court hearing will be held on the <input type="checkbox"/> CHECK THE BOXES THAT APPLY in this order, as follows: a. Date: LEAVE THIS BOX BLANK b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> Other (specify).																												
2. Findings: Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial. COURT ORDERS: The following temporary emergency orders expire <input type="checkbox"/> extended by court order:																												
<div style="text-align: right; border: 1px solid black; padding: 2px;"> IF YOU ARE ASKING FOR CUSTODY ORDERS, CHECK THE BOX OF WHOM YOU WANT TO HAVE TEMPORARY PHYSICAL CUSTODY </div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> 3. <input type="checkbox"/> CHILD CUSTODY a. Child's name Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CHILD #1'S NAME</td> <td style="width: 50%; padding: 2px;">BIRTHDATE</td> <td rowspan="4" style="width: 10px; text-align: center; vertical-align: middle;">  </td> <td rowspan="4" style="width: 10px; text-align: center; vertical-align: middle;">  </td> <td rowspan="4" style="width: 10px; text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td>CHILD #2'S NAME</td> <td>BIRTHDATE</td> </tr> <tr> <td>CHILD #3'S NAME</td> <td>BIRTHDATE</td> </tr> <tr> <td>CHILD #4'S NAME</td> <td>BIRTHDATE</td> </tr> </table> </div> <div style="flex: 1; text-align: right;"> Temporary physical custody, care, and control to: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Petitioner</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Respondent</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Other Party/Parent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="flex: 1;"> <input type="checkbox"/> Continued on Attachment 3(a) </div> <div style="flex: 1;"> <input type="checkbox"/> Visitation (Parenting Time) The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify): </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> IF YOU ARE ASKING FOR TEMPORARY VISITATION(PARENTING TIME) ORDERS, CHECK THIS BOX AND BRIEFLY DESCRIBE THE ORDER REQUESTED </div>			CHILD #1'S NAME	BIRTHDATE				CHILD #2'S NAME	BIRTHDATE	CHILD #3'S NAME	BIRTHDATE	CHILD #4'S NAME	BIRTHDATE	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	<input type="checkbox"/> Other Party/Parent	<input type="checkbox"/>											
CHILD #1'S NAME	BIRTHDATE																											
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CHILD #4'S NAME	BIRTHDATE																											
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										

PETITIONER: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER: COURT CASE NUMBER
RESPONDENT: THE OTHER PARTY	
OTHER PARENT/PARTY:	

3. CHILD CUSTODY (continued)c. Travel restrictions

(1) The party or parties with temporary physical custody, care, and control of minor children must not remove the minor children from the state of California unless the court allows it after a noticed hearing.

(2) Petitioner Respondent Other Parent/Party must not remove their minor children (specify):
 (a) from the state of California.
 (b) from the following counties (specify):
 (c) other (specify):

IF YOU WANT THE COURT TO MAKE A TEMPORARY ORDER TO PROHIBIT THE OTHER PARTY FROM TAKING THE CHILD OUT OF THE STATE OR CERTAIN COUNTIES, CHECK THE BOXES THAT APPLY

d. Child abduction prevention orders are attached (see form FL-341(B)).

e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).

(2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.

(3) **Country of habitual residence:** The country of habitual residence of the child or children is (specify):
 The United States of America Other (specify):

(4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. PROPERTY CONTROL

CHECK ALL THE BOXES THAT APPLY TO YOUR REQUEST

a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. OTHER ORDERS (specify):

Additional orders are listed in Attachment 6.

IF THERE WASN'T A BOX FOR WHAT YOU ARE REQUESTING, CHECK THE BOX AND WRITE IT HERE

Date: **DO NOT DATE HERE**

DO NOT SIGN HERE

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

1 Name: **YOUR NAME**
2 Address: **YOUR ADDRESS**
3 **CITY, STATE, ZIP CODE**
4 Telephone: **YOUR TELEPHONE NUMBER**

6 SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO
7 FAMILY LAW DIVISION

9 **PARTY WHO INITIALLY OPENED CASE**

10 Petitioner

11 vs.

12 Respondent

13 Other Parent

14 Case No.: **COURT CASE NUMBER**

15 REQUEST FOR EX PARTE ORDERS

16
17 **WRITE THE OTHER
PARTIES' NAME
THAT APPLY**

18 THIS IS A REQUEST FOR A CHANGE IN STATUS QUO.

19 I, **YOUR NAME**, declare:

20 **CHECK THE BOX TO
INDICATE WHICH PARTY
YOU ARE IN THE CASE**

21 1. I am the Petitioner Respondent Other Parent in the above-
22 referenced action.

23 2. I have information that a similar application is being filed, or has been filed
24 in Fresno County Superior Court or another court (specify):

25 **IF YOU BELIEVE THE OTHER PERSON HAS OR
WILL BE FILING A REQUEST FOR EMERGENCY
ORDERS, WRITE THAT INFORMATION HERE**

26 OR, I have no information that a similar application is being filed or has
27 been filed before any court related to the same parties in this action and
involving the same issues.

28 **IF YOU DO NOT BELIEVE THE OTHER PERSON
HAS OR WILL BE FILING A REQUEST FOR
EMERGENCY ORDERS, CHECK THIS BOX**

1 b. **Request for waiver of notice.** Due to exceptional circumstances, I did
2 not give notice about the request for temporary emergency orders. I ask
3 that the court waive notice to the other party to help prevent (specify):

4 immediate danger or irreparable harm to myself or to the child(ren)
5 in this case.
6 an immediate risk that the child(ren) in this case will be removed from
7 the state of California.
8 other exceptional circumstances (specify):

**CHECK A
BOX THAT
APPLIES TO
YOUR CASE**

CHECK A BOX THAT APPLIES TO YOUR CASE

9 Facts showing exceptional circumstances in support of the request to
10 waive notice include (specify):

11 **IF YOU DID NOT CONTACT THE OTHER PARTY, YOU
12 MUST TELL THE COURT THE EXCEPTIONAL
13 CIRCUMSTANCES ON WHY YOU DID NOT GIVE NOTICE
14 AND ARE ASKING FOR THE NOTICE TO BE WAIVED**

15 c. **Unable to provide notice.** I did not give notice about the request for
16 temporary emergency orders. I used my best efforts to tell the opposing
17 party when and where the application would be presented but was
18 unable to do so. The efforts I made to inform the other person were
19 (specify):

20 **WRITE DOWN EXACTLY HOW YOU TRIED TO NOTIFY THE OTHER PARTY**

21 **STATE EXACTLY WHAT ATTEMPTS YOU MADE AND WHEN YOU MADE THEM**

22 4. Child Custody and Visitation

23 a. I do not have a child custody and visitation order and I want one.
b. I have a child custody and visitation order and I want it changed.

24 A copy of the current order is attached (copy must be attached).

25 c. The custody and visitation practices for the last twelve months have
26 been (specify):

27 **WRITE WHAT YOUR REGULAR CUSTODY AND VISITATION PATTERN HAS BEEN FOR THE LAST 12 MONTHS**

28 **WHO HAVE THE CHILDREN BEEN LIVING WITH?**

HOW OFTEN DO THE CHILDREN VISIT WITH THE OTHER PARENT?

WHAT DAYS AND TIMES DO THE CHILDREN VISIT WITH THE OTHER PARENT?

1 d. I propose the following plan for custody and visitation (specify):

2 **WRITE WHAT YOU WOULD LIKE THE CUSTODY AND VISITATION PLAN TO BE**

3 **WHO SHOULD THE CHILDREN LIVE WITH?**

4 **WHEN SHOULD THEY VISIT THE OTHER PARENT?**

5 e. I believe that if the current custody and visitation practices/orders are
6 not changed, the child(ren) may be in danger of immediate physical or
7 emotional harm (please explain): _____

8 **EXPLAIN WHY THE CHILD(REN) MAY
9 BE IN DANGER OF IMMEDIATE
PHYSICAL OR EMOTIONAL HARM**

10
11
12
13
14
15
16
17
18
19
20
21
22
**CHECK A
BOX THAT
APPLIES TO
YOUR CASE**

f. I [] have [] have not contacted Child Protective Services (CPS) for an
investigation of the problem.

CHECK ALL THAT APPLY

CPS [] has [] has not opened an investigation of the problem.

A Team Decision-Making Meeting (TDM) [] has [] has not occurred.

A copy of the TDM Summary Report [] is [] is not attached.

I did not attach a copy of the TDM Summary Report because (specify):

23
24
25
26
27
28

A TDM is scheduled for (date): _____.

1
2
3
**CHECK A
BOX THAT
APPLIES TO
YOUR CASE**

4 g. I [] have [] have not contacted the District Attorney's Office about the
problem. The District Attorney's Office [] has [] has not opened an
investigation.

5 h. I [] have [] have not contacted the Police or Sheriff's Department
about the problem. The following people were placed under arrest:

6
7
8
**CHECK
ALL
THAT
APPLY**

9 An Emergency Protective Order (EPO) [] was [] was not issued.

10 The EPO protects the following people: _____
and expires on (date): _____.

11 A copy of the EPO [] is [] is not attached. I did not attach a copy

12 because: _____.

13 Law enforcement report number: _____.

14
15 I declare under penalty of perjury under the laws of the State of California
16 that the information above is true and correct.

17 Date: **TODAY'S DATE**

18
19 **PRINT YOUR NAME HERE**

20 (TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE)

FORM INSTRUCTIONS

FL-300

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	
NAME FIRM NAME STREET ADDRESS CITY TELEPHONE NO. EMAIL ADDRESS: ATTORNEY FOR (YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER YOUR EMAIL ADDRESS		
		STATE:	ZIP CODE:
		FAX NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
Fresno County Superior Court 1130 "O" Street Fresno CA 93724-2220			
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY			<input type="checkbox"/> CHECK THIS BOX
OTHER PARENT/PARTY:			
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> TEMPORARY EMERGENCY ORDERS		CASE NUMBER	
<input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify): _____		COURT CASE NUMBER _____	
CHECK ALL THE BOXES THAT APPLY <small>To change or end an order use form <u>FL-300-INFO</u> and form</small>			

**SAMPLE
ONLY
DO NOT
WRITE ON
THIS COPY!**

NOTICE OF HEARING 1. TO (name): <input type="text"/> WRITE THE OTHER PARTY'S NAME <input checked="" type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Parent/Party <input checked="" type="checkbox"/> Other (specify): _____	
2. A COURT HEARING WILL BE HELD AS FOLLOW CHECK THE BOXES THAT APPLY a. Date: _____ b. Address of cou: _____	
LEAVE THIS BOX BLANK	
3. WARNING to the person served with the <i>Request for Order</i> : The court may make the requested orders without you if you do not file a <i>Responsive Declaration to Request for Order</i> (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form <u>FL-320-INFO</u> for more information.)	

It is ordered that:

4. Time
5. A Responsive
6. The parties mu
(specify date, t
7. The orders in
served with all
8. Other (specify)

COURT ORDER
(FOR COURT USE ONLY)

**LEAVE
SECTIONS
4-8
BLANK**

unseling as follows

st be personally

Date: **LEAVE BLANK**

LEAVE BLANK

JUDICIAL OFFICER

PETITIONER:	PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
RESPONDENT:	THE OTHER PARTY	COURT CASE NUMBER
OTHER PARENT/PARTY:		

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 birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

Petitioner Respondent Other Parent/Party (Attach a copy of the orders if known)

The orders are from the following court or courts (specify county 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):

IF THERE IS A RESTRAINING ORDER IN EFFECT BETWEEN YOU AND THE OTHER PARTY, COMPLETE SECTION 1. AND ATTACH A COPY, IF YOU HAVE ONE

2. CHILD CUSTODY

COMPLETE THIS SECTION IF YOU ARE ASKING FOR CHILD CUSTODY/VISITATION ORDERS

Request temporary emergency orders

VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

CHECK BOXES THAT APPLY

Child's Name

Date of Birth

CHILD #1'S NAME
CHILD #2'S NAME
CHILD #3'S NAME
CHILD #4'S NAME

BIRTHDATE
BIRTHDATE
BIRTHDATE
BIRTHDATE

Legal Custody to (person who decides: health, education, etc.)

Physical Custody to (person with whom child lives):

IF YOU ARE ASKING FOR CUSTODY ORDERS, CHECK THE BOXES AND WRITE IN THE NAME(S) OF WHOM YOU WANT TO HAVE LEGAL AND PHYSICAL CUSTODY

b. The orders I request for child custody visitation (parenting time) are:

Attachment 2a.

(1) Specified in the attached forms:

Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
 Form FL-341(D) Form FL-341(E) Other (specify):

CHECK BOXES THAT APPLY

(2) As follows (specify):

**IF YOU CHECK THIS BOX,
PROVIDE FURTHER DETAILS TO SUPPORT YOUR REQUEST IN
REGARDS TO CUSTODY/VISITATION**

Attachment 2b.
**IF YOU NEED MORE SPACE
TO PROVIDE FURTHER
DETAILS, USE FORM MC-031
AND CHECK THIS BOX**

**IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/
VISITATION, CHECK THE BOX OF THE FORM(S) YOU PRINTED AND ATTACHED**

c. The orders that I request are in the best interest of the children because (specify):

Attachment 2c.

**EXPLAIN WHY THE ORDERS YOU ARE REQUESTING
ARE GOOD FOR YOUR CHILD(REN)**

PETITIONER: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER COURT CASE NUMBER
RESPONDENT: THE OTHER PARTY	
OTHER PARENT/PARTY:	

2. d. This is a change from the current order for child custody visitation (parenting time).

(1) The order for legal or physical custody was filed on (date): The court ordered (specify):
IF YOU ARE CHANGING AN EXISTING CUSTODY ORDER, CHECK THIS BOX

(2) The visitation (parenting time) order was filed on (date): The court ordered (specify):
IF YOU ARE CHANGING AN EXISTING VISITATION ORDER, CHECK THIS BOX

WRITE IN THE DATE YOUR EXISTING ORDER WAS FILED ON AND GIVE A BRIEF DESCRIPTION OF WHAT YOUR CUSTODY ORDER IS

WRITE IN THE DATE YOUR EXISTING ORDER WAS FILED ON AND GIVE A BRIEF DESCRIPTION OF WHAT YOUR VISITATION ORDER IS

IF YOU ARE ASKING TO CHANGE EXISTING ORDERS, CHECK THE APPROPRIATE BOXES

3. CHILD SUPPORT **COMPLETE THIS SECTION IF YOU ARE ASKING FOR CHILD SUPPORT** Attachment 2d.

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

a. I request that the court order child support as follows:

Child's name and age I request support for each child Monthly amount (\$) requested based on the child support guideline. (if not by guideline)

CHILD #1'S NAME	BIRTHDATE
CHILD #2'S NAME	BIRTHDATE
CHILD #3'S NAME	BIRTHDATE
CHILD #4'S NAME	BIRTHDATE

COMPLETE WHICHEVER ONE APPLIES Attachment 3a.

b. I want to change a current court order for child support filed on (date):
The court ordered child support as follows (specify):
COMPLETE THIS SECTION IF YOU ARE ASKING TO CHANGE AN ORDER THAT WAS PREVIOUSLY MADE

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify): Attachment 3d.

EXPLAIN WHY THE COURT SHOULD GRANT YOUR REQUEST FOR CHILD SUPPORT OR YOUR REQUEST TO CHANGE IT

IF YOU ARE REQUESTING CHILD SUPPORT ORDERS, CHECK THIS BOX AND COMPLETE FORM FL-150

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT **COMPLETE THIS SECTION IF YOU ARE ASKING FOR SPOUSAL SUPPORT** Attachment 4e.

(Note: An *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) may be issued.)

a. Amount requested (monthly): \$

b. I want the court to change end the current support order filed on (date):
The court ordered \$ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.

e. The court should make, change, or end the support orders because (specify): Attachment 4e.

EXPLAIN WHY THE COURT SHOULD GRANT YOUR REQUEST FOR SPOUSAL SUPPORT OR YOUR REQUEST TO CHANGE IT

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	PARTY WHO INITIALLY OPENED CASE THE OTHER PARTY	CASE NUMBER: COURT CASE NUMBER
---	--	--

5. PROPERTY CONTROL

a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify):

I request temporary emergency orders

CHECK ANY OTHER BOXES THAT APPLY, TO TELL THE COURT WHAT YOU ARE REQUESTING

b. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify): the following payments on debts and liens coming due while the order is in effect:

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
 Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
 Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
 Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

c. This is a change from the current order for property control filed on (date):

d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6. ATTORNEY'S FEES AND COSTS

I request attorney's fees and costs, which total (specify amount): \$ _____ I filed the following to support my request:

CHECK ANY OTHER BOXES THAT APPLY, TO TELL THE COURT WHAT YOU ARE REQUESTING

that addresses the factors covered

a. A current *Income and Expenses* form.
 b. A *Request for Attorney's Fees* form in that form.
 c. A *Supporting Declaration for Attorney's Fees and Costs* Attachment (Form FL-158) or a declaration that addresses the factors covered in that form.

7. OTHER ORDERS REQUESTED (specify):

IF THERE WASN'T A BOX FOR WHAT YOU ARE REQUESTING, CHECK THE BOX AND WRITE IT HERE

YOU WILL ALSO NEED TO CHECK THE "OTHER" BOX ON THE TOP OF PAGE 1 OF 4 AND WRITE A BRIEF DESCRIPTION OF THE ORDER REQUESTED

Attachment 7.

8. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:

a. To serve the *Request for Order* no less than (number): court days before the hearing.
 b. The hearing date and service of the *Request for Order* to be sooner.
 c. I need the order because (specify):

Attachment 8.

9. FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission.

Attachment 9.

TELL THE COURT WHY YOU ARE REQUESTING THE ORDERS LISTED ON THIS FORM AND PROVIDE FACTS AND/OR EVIDENCE TO SUPPORT YOUR REQUEST

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: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE 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	CASE NUMBER:
DEFENDANT/RESPONDENT:	THE OTHER PARTY	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)**

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):

PLAINTIFF/PETITIONER:	PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
DEFENDANT/RESPONDENT:	THE OTHER PARTY	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)**

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):

FORM INSTRUCTIONS

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: YOUR NAME FIRM NAME: YOUR ADDRESS STREET ADDRESS: CITY: CITY, STATE, ZIP CODE TELEPHONE NO.: EMAIL ADDRESS: YOUR TELEPHONE NUMBER		E: O: ZIP CODE:	SAMPLE ONLY DO NOT WRITE ON THIS COPY!
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:			
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY			
OTHER PARTY: CHILD'S NAME (Juvenile cases only): CHECK THE APPROPRIATE BOX <i>(This section applies only to probate guard</i> GUARDIANSHIP OF (name): LEAVE BLANK			
CASE NUMBER: COURT CASE NUMBER			
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 the authorized representative of the proceeding to determine custody of a child.

WRITE IN THE NUMBER OF CHILDREN

2. There are (specify number): minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a. OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN
b. NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN
c. NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN
d. NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN

CHECK THIS BOX IF APPLICABLE *(Form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, information for each additional child, and attach to this form.)*

3. a. **CHECK THIS BOX IF APPLICABLE** *(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 and their residence history for the past five years. If the current address is confidential under Family Code section 708.5, check this box and provide only the state of residence.)*

Dates of residence (Month/Year)	Residence (City, State)	Person child lived with and complete current address	Relationship
From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD Confidential (list state only)	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH Confidential (list state only)
From: MM/DD/YYYY THAT CHILD STARTING LIVING AT EACH ADDRESS	To: MM/DD/YYYY THAT CHILD STOPPED LIVING AT EACH ADDRESS	THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES	NAME & CURRENT ADDRESS OF PERSON CHILD LIVED WITH FOR THE PAST FIVE YEARS GO IN THESE BOXES
F	T		
F	T		
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Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

b. *Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)*

CASE NAME: PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER: COURT 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 or tribe, 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"/> Probate Guardianship		TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF "YES", COMPLETE THE INFORMATION IN THIS SECTION. IF "NO", SKIP TO NUMBER 5				
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
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 or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family		CHECK THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDERS IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION		
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation 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:
TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS		
<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: <input type="text"/>	Name of each child: <input type="text"/>	Name of each child: <input type="text"/>

7. Number of pages attached: _____

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

(NAME OF DECLARANT)

SIGN YOUR NAME HERE

(SIGNATURE OF 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.

FORM INSTRUCTIONS

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

CASE NAME: PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER: COURT CASE NUMBER
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. Name of child: **NEXT OLDEST CHILD'S NAME** (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES	Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
	From:	To:	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
	From:	To:	IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS		
	From:	To:			
	From:	To:			

3. b. Name of child: **NEXT OLDEST CHILD'S NAME** (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES	Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
	From:	To:	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
	From:	To:	IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS		
	From:	To:			
	From:	To:			

FORM INSTRUCTIONS

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

CASE NAME:	PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER:	COURT CASE NUMBER
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. Name of child: **NEXT OLDEST CHILD'S NAME** (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES	Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
	MM/DD/YYYY	MM/DD/YYYY	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
	From:	To:			
	From:	To:			
	From:	To:			
From:	To:				

3. b. Name of child: **NEXT OLDEST CHILD'S NAME** (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES	Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
	MM/DD/YYYY	MM/DD/YYYY	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
	From:	To:			
	From:	To:			
	From:	To:			
From:	To:				

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address)		FOR COURT USE ONLY
YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER		FAX NO.:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:		SAMPLE ONLY DO NOT WRITE ON THIS COPY!
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE RESPONDENT/DEFENDANT: THE OTHER PARTY OTHER PARENT/PARTY: PROOF OF PERSONAL SERVICE		
		CASE NUMBER: CASE NUMBER <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: 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): **NAME OF PERSON BEING SERVED (OTHER PARTY'S NAME)**
3. I served copies of the following documents (specify):

WRITE IN THE NAME(S) AND THE FORM(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY

4. 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)
c. Address: ADDRESS WHERE DOCUMENTS WERE SERVED	

CHECK ONE BOX

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.
 - d. exempt from registration under Business & Profession Code section 22350(b).
 - e. a California sheriff or marshal.

6. 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

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: **DATE SERVER SIGNS**

SERVER PRINTS THEIR NAME HERE

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

SERVER SIGNS HERE

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):		STATE BAR NUMBER: STATE ZIP CODE: FAX NO.:	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:			
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify): _____			CASE NUMBER

1. TO (name):

Petitioner Respondent Other Parent/Party Other (specify): _____

A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
b. Address of court	<input type="checkbox"/> same as noted above	<input type="checkbox"/> other (specify): _____	

2. FINDINGS: Temporary emergency (ex parte) orders are needed to:

- Help prevent "immediate harm to the child" under Family Code section 3064, as described in item 3a.
- Help prevent immediate risk that a child will be removed from the State of California.
- Help prevent immediate loss or damage to property subject to disposition in the case.
- Set or change procedures for a hearing or trial.

COURT ORDERS: The temporary emergency orders expire on the date and time of the hearing in (1), unless extended by court order.

3. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- It has been shown to the court that Petitioner Respondent Other Parent/Party (specify name):
 - Has committed acts of domestic violence that are of recent origin or are part of a demonstrated and continuing pattern of domestic violence.
 - Has committed acts of sexual abuse of the child that are of recent origin or are part of a demonstrated and continuing pattern of sexual abuse.
 - Has illegal access to firearms or ammunition (including access to firearms or ammunition in violation of state or federal law, a restraining order, a protective order, or an injunction, or condition of probation or parole).
 - Other (specify): _____
- It has been shown to the court that there is an immediate risk that the child will be removed from the State of California. *Child Abduction Prevention Orders Attachment* (form FL-341(B)) is attached to this order.

c. Child's name Date of Birth Temporary physical custody, care, and control to:
 Petitioner Respondent Other Party/Parent

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 3c.

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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d. **Visitation (Parenting Time)**

When the court has granted temporary orders for child custody, it must consider if the best interests of the child require that visitation (parenting time) be suspended, denied, or supervised. Further, the temporary orders for custody, care, and control of the minor children in 3c are subject to the other party's or parties' rights of visitation (parenting time). The temporary orders for visitation (parenting time) are as follows:

See Attachment 3d.

e. **Travel restrictions**

(1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**

(2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 (a) from the state of California.
 (b) from the following counties (*specify*):
 (c) other (*specify*):

f. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).

(2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.

(3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):

The United States of America Other (*specify*):

(4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

Date:

JUDICIAL OFFICER OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

1 Name: _____

2 Address: _____

3 _____

4 Telephone: _____

6 SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO
7 FAMILY LAW DIVISION

9 Petitioner

10 vs.

12 Respondent

14 Other Parent

10 Case No.: _____

11 REQUEST FOR EX PARTE ORDERS

16 THIS IS A REQUEST FOR A CHANGE IN STATUS QUO.

18 I, _____, declare:

19 1. I am the [] Petitioner [] Respondent [] Other Parent in the above-
20 referenced action.

21 2. I have information that a similar application is being filed, or has been filed
22 in Fresno County Superior Court or another court (specify):
23 _____
24 _____

25 OR, [] I have no information that a similar application is being filed or has
26 been filed before any court related to the same parties in this action and
27 involving the same issues.

1 3. **NOTICE** (If you gave notice, complete item 3a. If you did not give notice complete item 3b. or 3c.)

2 a. [] I gave notice as described in items (1) through (5) below:

3 (1) I gave notice to (select all that apply):

4 [] petitioner. [] petitioner's attorney.

5 [] respondent. [] respondent's attorney.

6 [] other parent. [] other parent's attorney.

7 [] child's attorney. [] other (specify): _____

8 (2) I gave notice on (date): _____ at: _____ [] a.m. [] p.m.

9 [] personally [] by telephone

10 [] by fax [] by voicemail

11 [] by electronic means (if permitted)

12 [] by overnight mail or other overnight carrier

13 (3) I gave notice (select one):

14 [] by 10 a.m. the court day before presenting the application to the court.

15 [] after 10 a.m. the court day before presenting the application to the court because of the following exceptional circumstances (specify): _____

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b. **Request for waiver of notice.** Due to exceptional circumstances, I did not give notice about the request for temporary emergency orders. I ask that the court waive notice to the other party to help prevent (specify):

[] immediate danger or irreparable harm to myself or to the child(ren) in this case.

[] an immediate risk that the child(ren) in this case will be removed from the state of California.

[] other exceptional circumstances (specify): _____

Facts showing exceptional circumstances in support of the request to waive notice include (specify): _____

c. **Unable to provide notice.** I did not give notice about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where the application would be presented but was unable to do so. The efforts I made to inform the other person were (specify): _____

4. Child Custody and Visitation

a. [] I do not have a child custody and visitation order and I want one.

b. [] I have a child custody and visitation order and I want it changed.
A copy of the current order is attached (copy must be attached).

c. The custody and visitation practices for the last twelve months have been (specify): _____

1 d. I propose the following plan for custody and visitation (specify):

2 _____

3 _____

4 _____

5 e. I believe that if the current custody and visitation practices/orders are
6 not changed, the child(ren) may be in danger of immediate physical or
7 emotional harm (please explain): _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 f. I [] have [] have not contacted Child Protective Services (CPS) for an
22 investigation of the problem.

23 CPS [] has [] has not opened an investigation of the problem.

24 A Team Decision-Making Meeting (TDM) [] has [] has not occurred.

25 A copy of the TDM Summary Report [] is [] is not attached.

26 I did not attach a copy of the TDM Summary Report because (specify):

27 _____

28 A TDM is scheduled for (date): _____.

1 g. I [] have [] have not contacted the District Attorney's Office about the
2 problem. The District Attorney's Office [] has [] has not opened an
3 investigation.

4 h. I [] have [] have not contacted the Police or Sheriff's Department
5 about the problem. The following people were placed under arrest:
6 _____

7 An Emergency Protective Order (EPO) [] was [] was not issued.
8 The EPO protects the following people: _____

9 _____ and expires on (date): _____

10 A copy of the EPO [] is [] is not attached. I did not attach a copy
11 because: _____
12 _____

13 Law enforcement report number: _____
14 _____

15 I declare under penalty of perjury under the laws of the State of California
16 that the information above is true and correct.
17 _____

18 Date: _____
19 _____

20 (TYPE OR PRINT NAME) _____

21 (SIGNATURE) _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____
28 _____

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

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):

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

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):

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER.		FOR COURT USE ONLY
NAME	FIRM NAME	STATE.	ZIP CODE	
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:				
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS				CASE NUMBER.
<input type="checkbox"/> Child Custody		<input type="checkbox"/> Visitation (Parenting Time)		<input type="checkbox"/> Spousal or Partner Support
<input type="checkbox"/> Child Support		<input type="checkbox"/> Property Control		<input type="checkbox"/> Attorney's Fees and Costs
<input type="checkbox"/> Other (specify):				

Note: Read form FL-300-INFO 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), read form FL-300-INFO and form DV-300-INFO.

NOTICE OF HEARING

1. TO (name): _____
 Petitioner Respondent Other Parent/Party Other (specify): _____

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
b. Address of court	<input type="checkbox"/> same as noted above	<input type="checkbox"/> other (specify):	

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

COURT ORDER

(FOR COURT USE ONLY)

It is ordered that:

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 (date): _____
6. The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): _____
7. The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. Other (specify): _____

Date:

JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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 birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

a. <input type="checkbox"/> Criminal: County/state (specify):	Case No. (if known):
b. <input type="checkbox"/> Family: County/state (specify):	Case No. (if known):
c. <input type="checkbox"/> Juvenile: County/state (specify):	Case No. (if known):
d. <input type="checkbox"/> Other: County/state (specify):	Case No. (if known):

2. CHILD CUSTODY

I request temporary emergency orders

VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

Child's Name Date of Birth Legal Custody to (person who decides: health, education, etc): Physical Custody to (person with whom child lives):

b. The orders I request for child custody visitation (parenting time) are:

(1) Specified in the attached forms:

Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
 Form FL-341(D) Form FL-341(E) Other (specify):

(2) As follows (specify):

Attachment 2a.

Attachment 2b.

c. The orders that I request are in the best interest of the children because (specify):

Attachment 2c.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER
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2. d. This is a change from the current order for child custody visitation (parenting time).
 (1) The order for legal or physical custody was filed on (date): _____ . The court ordered (specify): _____

(2) The visitation (parenting time) order was filed on (date): _____ . The court ordered (specify): _____

3. CHILD SUPPORT

Attachment 2d.

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

a. I request that the court order child support as follows:

Child's name and age I request support for each child Monthly amount (\$) requested
based on the child support guideline. (if not by guideline)

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 Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.
 d. The court should make or change the support orders because (specify):

Attachment 3d.

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) may be issued.)

a. Amount requested (monthly): \$ _____

b. I want the court to change end the current support order filed on (date):
The court ordered \$ _____ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
 e. The court should make, change, or end the support orders because (specify):

Attachment 4e.

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

I request temporary emergency orders

a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify):

b. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

c. This is a change from the current order for property control filed on (date):

d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6. ATTORNEY'S FEES AND COSTS

I request attorney's fees and costs, which total (specify amount): \$ _____ I filed the following to support my request:

a. A current *Income and Expense Declaration* (form FL-150).
b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. OTHER ORDERS REQUESTED (specify):

Attachment 7.

8. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:

a. To serve the *Request for Order* no less than (number): _____ court days before the hearing.
b. The hearing date and service of the *Request for Order* to be sooner.
c. I need the order because (specify): _____

Attachment 8.

9. FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission.

Attachment 9.

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 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.)

ATTORNEY OR PARTY WITHOUT 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:			
<i>(This section applies to cases other than probate guardianships.)</i>			
PETITIONER:			
RESPONDENT:			
OTHER PARTY:			
CHILD'S NAME (Juvenile cases only):			
<i>(This section applies only to probate guardianship cases.)</i>			
GUARDIANSHIP OF (name):		CASE NUMBER	
		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 the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): minor children who are subject to this proceeding, as follows (list oldest child 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 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 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 only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			

Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

b. Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	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 (name, state or tribe, 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"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
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 or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation 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:

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Has physical custody

Has physical custody

Has physical custody

Claims custody rights

Claims custody rights

Claims custody rights

Claims visitation rights

Claims visitation rights

Claims visitation rights

Name of each child:

Name of each child:

Name of each child:

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7. Number of pages attached: _____

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

Date:



(NAME OF DECLARANT)

(SIGNATURE OF 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.

CASE NAME:

CASE NUMBER:

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

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. Name of child: (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			

3. b. Name of child: (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			

Page ____ of ____

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

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. Name of child: (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			

3. b. Name of child: (Provide the child's current address 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.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			

Page ____ of ____

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.:	
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: HEARING TIME: DEPT.:
OTHER PARENT/PARTY:		
PROOF OF PERSONAL SERVICE		

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. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	e. <input type="checkbox"/> a California sheriff or marshal.
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	
6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):
7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. 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)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

