

Instructions for Request for Order

WHEN TO USE THIS PACKET

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

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

STEPS TO FILE THE REQUEST FOR ORDER:

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

- | | | | |
|---|--------|--|-------------|
| <input type="checkbox"/> Request for Order | FL-300 | <input type="checkbox"/> Information Sheet for RFO | FL-330 INFO |
| <input type="checkbox"/> Attached Declaration | MC-031 | <input type="checkbox"/> Proof of Personal Service | FL-330 |
| <input type="checkbox"/> Declaration Under UCCJEA | FL-105 | <input type="checkbox"/> Responsive Declaration to RFO | FL-320 |
| <input type="checkbox"/> Income & Expense Declaration | FL-150 | <input type="checkbox"/> Proof of Service by Mail | FL-335 |

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

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

1 USE Request for Order (form FL-300):

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney’s fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing (form DV-130)*. See *How Do I Ask to Change or End a Domestic Violence Restraining Order (form DV-400-INFO)* for more information.

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

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, talk to an attorney, or get help at your court’s Self-Help Center or Family Law Facilitator’s Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
 - For a domestic violence restraining order, use forms [DV-100](#), [DV-109](#), and [DV-110](#).
 - For an order for contempt, use [form FL-410](#).
 - To cancel a child support order, use [form FL-360](#) or [form FL-640](#).
 - To cancel a voluntary declaration of parentage or paternity, use [form FL-280](#).

3 Forms checklist

- a. [Form FL-300, Request for Order](#), is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - [FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act](#)
 - [FL-311, Child Custody and Visitation \(Parenting Time\) Application Attachment](#)
 - [FL-312, Request for Child Abduction Prevention Orders](#)
 - [FL-341\(C\), Children’s Holiday Schedule Attachment](#)
 - [FL-341\(D\), Additional Provisions—Physical Custody Attachment](#)
 - [FL-341\(E\), Joint Legal Custody Attachment](#)
- c. If you want child support, you need:
 - 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.
- d. If you want spousal or partner support or orders about your finances, you need:
 - A current [FL-150, Income and Expense Declaration](#)
 - [FL-157, Spousal or Partner Support Declaration Attachment](#) (if the request is to change a support judgment)
- e. If you want attorney’s fees and costs, you need:
 - A current [FL-150, Income and Expense Declaration](#)
 - [FL-319, Request for Attorney’s Fees and Costs Attachment](#) (or provide the information in a declaration)
 - [FL-158, Supporting Declaration for Attorney’s Fees and Costs Attachment](#) (or provide the information in a declaration)
- f. To request temporary emergency (ex parte) orders, you need:
 - [FL-305, Temporary Emergency Orders](#) to serve as the proposed temporary emergency orders.
 - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use [form FL-303, Declaration Regarding Notice and Service of Request for Temporary Emergency \(Ex Parte\) Orders](#).
 - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need:
 - [FL-321, Witness List](#)
- h. If you want to request a separate trial (bifurcation) on an issue, you need:
 - [FL-315, Request or Response to Request for Separate Trial](#)



4 Complete form FL-300 (Page 1)

Caption: In the top box, print or type your name, address, telephone number, and email address if you have one. In the second box, put the court address. In the third box, write the name of the Petitioner, Respondent, and Other Parent/Party (if there is one). (You must use the party names as they appear in the petition that was originally filed with the court).

In the fourth box, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY ORDERS” if you are asking the court to make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting. In the box on the right, write the case number.

Item 1: List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.

Item 2: Leave this blank. The court clerk will fill in the date, time, and place of the hearing.

Item 3: This is a notice to all other parties.

Items 4-5: Leave these blank. The court will complete them if it orders a hearing.

Item 6: In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party’s lawyer to make the appointment and then complete item 6 before filing form FL-300.

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

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

5 Complete form FL-300 (pages 2-4)

6 Complete additional forms and make copies
Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

FL-300

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO. FOR COURT USE ONLY

NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (NAME): SUPERIOR COURT OF CALIFORNIA, COUNTY OF: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:

REQUEST FOR ORDER: CHANGE TEMPORARY EMERGENCY ORDERS

Child Custody Visitation (Parenting Time) Spousal or Partner Support Child Support Domestic Violence Order Attorney's Fees and Costs Property Control Other (specify):

NOTICE OF HEARING

1. TO (Name(s)): Petitioner Respondent Other Parent/Party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: Time: Dept.: Room: b. Address of court: same as noted above 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.) (Forms FL-300-IVEQ and FL-300-IVEQ provide information about completing this form.)

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 Page 1 of 4

Form Adopted for Mandatory Use Judicial Council of California FL-300 (Rev. July 1, 2019) REQUEST FOR ORDER Family Code, §§ 2040, 2042, 6204, 6205, 6206, 6207, 6208, 6209, 6210, 6211, 6212, 6213, 6214, 6215, 6216, 6217, 6218, 6219, 6220, 6221, 6222, 6223, 6224, 6225, 6226, 6227, 6228, 6229, 6230, 6231, 6232, 6233, 6234, 6235, 6236, 6237, 6238, 6239, 6240, 6241, 6242, 6243, 6244, 6245, 6246, 6247, 6248, 6249, 6250, 6251, 6252, 6253, 6254, 6255, 6256, 6257, 6258, 6259, 6260, 6261, 6262, 6263, 6264, 6265, 6266, 6267, 6268, 6269, 6270, 6271, 6272, 6273, 6274, 6275, 6276, 6277, 6278, 6279, 6280, 6281, 6282, 6283, 6284, 6285, 6286, 6287, 6288, 6289, 6290, 6291, 6292, 6293, 6294, 6295, 6296, 6297, 6298, 6299, 6300, 6301, 6302, 6303, 6304, 6305, 6306, 6307, 6308, 6309, 6310, 6311, 6312, 6313, 6314, 6315, 6316, 6317, 6318, 6319, 6320, 6321, 6322, 6323, 6324, 6325, 6326, 6327, 6328, 6329, 6330, 6331, 6332, 6333, 6334, 6335, 6336, 6337, 6338, 6339, 6340, 6341, 6342, 6343, 6344, 6345, 6346, 6347, 6348, 6349, 6350, 6351, 6352, 6353, 6354, 6355, 6356, 6357, 6358, 6359, 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9

Temporary Emergency (Ex Parte) Orders
(not domestic violence restraining orders)

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

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

To request these orders:

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

10

General information about “service”

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

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

11

Serve the Request for Order and blank forms

The other party must be “served” with a:

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

12

Who can be a “server”

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

13

“Personal Service”

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

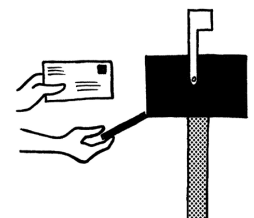


Note: Sometimes the papers may be personally served on the other party’s lawyer (if he or she has one) in the family law case.

14

“Service by mail”

means that your “server” places copies of all the papers (including blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if the party has one).



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

Important! If you have questions about personal service or service by mail, talk to a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/selfhelp-courtresources.htm>.



15 When to use personal service or service by mail

Personal Service

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

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

- Ordered personal service;
- Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:
 - Been served with a *Summons* and *Petition*;^{*}
OR
 - Appeared in the case by filing a:
 - a. *Response* to a *Petition*;
 - b. *Appearance*, *Stipulations*, and *Waivers*;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.

^{*}Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* (form FL-330) and give it to you. If the server needs instructions, the *Information Sheet for Proof of Personal Service* (form FL-330-INFO) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk’s office (or e-file it, if available in your court) at least 5 court days before your hearing.

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

Service by Mail

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

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

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

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

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

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

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

16 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

17 After the hearing, the order made on **form FL-340**, *Findings and Order After Hearing*, must be filed and served.

18 Do you have questions or need help?

- Find a lawyer through your local bar association, the State Bar of California at <http://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 <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

FORM INSTRUCTIONS

FL-300

PARTY WITHOUT ATTORNEY OR ATTORNEY:		STATE BAR NO.:	FOR COURT USE ONLY SAMPLE ONLY DO NOT WRITE ON THIS COPY!
YOUR NAME			
YOUR ADDRESS			
CITY, STATE, ZIP CODE		STATE: ZIP CODE:	
YOUR TELEPHONE NUMBER		FAX NO.:	
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:		Fresno County Superior Court	
MAILING ADDRESS:		1130 "O" Street, Fresno CA	
CITY AND ZIP CODE:		93724-2220	
BRANCH NAME:			
PETITIONER:		PARTY WHO INITIALLY OPENED CASE	
RESPONDENT:		THE OTHER PARTY	
OTHER PARENT/PARTY:			
REQUEST FOR ORDER		<input type="checkbox"/> CHANGE	
<input type="checkbox"/> TEMPORARY EMERGENCY ORDERS			
<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"/> Domestic Violence Order	<input type="checkbox"/> Attorney's Fees and Costs	
<input type="checkbox"/> Property Control	<input type="checkbox"/> Other (specify):	CHECK ALL THE BOXES THAT APPLY	
CASE NUMBER:		COURT CASE NUMBER	

NOTICE OF HEARING

1. TO (name(s)): **WRITE THE OTHER PARTY'S NAME AND IF DCSS IS INVOLVED, WRITE "DCSS" HERE TOO**

Petitioner Respondent Other Parent/Party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS: **CHECK THE BOXES THAT APPLY**

a. Date:	LEAVE THIS BOX BLANK	Room:
b. Address of court:	LEAVE THIS BOX BLANK	

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.)

(Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

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 _____ Page 1 of 4

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

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

(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 based on the child support guideline.

Monthly amount (\$) requested (if not by guideline)

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

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

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 CHANGE IT

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

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

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 the following payments on debts and liens coming due while the o

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

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.

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

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 Statement* that addresses the factors covered in that form.
- b. A *Request for Attorney's Fees and Costs* in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs* declaration that addresses the factors covered in that form.

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

7. DOMESTIC VIOLENCE ORDER

- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO, How Do I Ask for a Temporary Restraining Order](#), for forms and information you need to ask for domestic violence restraining orders.
- Read [form DV-400-INFO, How to Change or End a Domestic Violence Restraining Order](#) for more information.

- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date):
- b. I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
- c. I request that the court make the following changes to the restraining orders (specify): Attachment 7c.
- d. I want the court to change or end the orders because (specify): Attachment 7d.

8. OTHER ORDERS REQUESTED (specify): Attachment 8.

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 FRONT PAGE WITH A BRIEF DESCRIPTION OF ORDER REQUESTED

9. 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 9c.

10. 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 10.

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 www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (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 (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY <div style="border: 2px solid red; padding: 20px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		
(This section applies only to family law cases.) PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY:		
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): LEAVE BLANK Minor		CASE NUMBER: COURT CASE NUMBER
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		

- I am a party to this proceeding to determine custody of a child.
- 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.
- There are (specify number): **WRITE IN THE NUMBER OF CHILDREN** 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 OLDEST CHILD'S NAME		Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM/DD/YYYY	Sex M or F
Period of residence MM/DD/YYYY to present	Address <input type="checkbox"/> Confidential CURRENT ADDRESS FOR THE CHILD	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH		Relationship RELATIONSHIP OF PERSON TO CHILD
to MM/DD/YYYY	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				
b. Child's name NEXT OLDEST CHILD'S NAME		Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM/DD/YYYY	Sex M or F
<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)		Relationship
to	residence (City, State)	with (name and complete current address)		
to	residence (City, State)	with (name and complete current address)		
to				
IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK BOX C AND CREATE AN "ATTACHMENT 3C" AND LIST THE ADDITIONAL ADDRESSES				
IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A)				

- 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: 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 <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						

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.

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				

CHECK THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDERS IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION

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
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	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: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(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.

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

CASE NAME: PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER: LEAVE BLANK
---	--

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

Child's name NEXT OLDEST 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 CITY & STATE WHERE CHILD WAS BORN	Date of birth MM/DD/YYYY	Sex M or F
Period of residence to	Present address <input type="checkbox"/> Confide	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	(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)	
Child's name NEXT OLDEST 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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence to	Address <input type="checkbox"/> Confide	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	(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)	
Child's name NEXT OLDEST 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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence to	Address <input type="checkbox"/> Confide	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	(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)	

CASE NAME: PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER: LEAVE BLANK
---	--

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

Child's name NEXT OLDEST 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 CITY & STATE WHERE CHILD WAS BORN	Date of birth MM/DD/YYYY	Sex M or F
Period of residence to	Present address <input 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)	
Child's name NEXT OLDEST 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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence to	Address <input 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)	
Child's name NEXT OLDEST 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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence to	Address <input 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)	

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THIS CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THIS CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

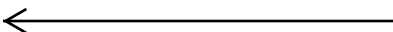
IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THIS CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS

PARTY WITHOUT ATTORNEY OR ATTORNEY YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY <div style="border: 2px solid red; padding: 20px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: <div style="border: 1px solid red; padding: 2px;"> COURT CASE NUMBER </div>

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)



FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED

(NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)

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**

TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED.

- a. My age is (specify): **YOUR AGE**
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): **GRADE FINISHED**
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): **DEGREE EARNED**
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): **DEGREE EARNED**
- e. I have: professional/occupational license(s) (specify): **LICENSES EARNED**
 vocational training (specify): **JOB TRAINING COMPLETED**

FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)

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 separate 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): **HOW MUCH DO YOU THINK THE OTHER PARTY EARNS BEFORE TAXES? HOW DID YOU COME UP WITH THAT AMOUNT? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW**

(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: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
--	---

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.)

LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AREA

	Last month	Average monthly
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.)		
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 <input type="checkbox"/> federally taxable*	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social Security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE

IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE

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):	\$	

LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA

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):

IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION AND ATTACH A TWO YEAR PROFIT & LOSS STATEMENT/SCHEDULE C FROM YOUR LAST FEDERAL TAX RETURN

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):

CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, (LOTTERY OR INHERITANCE) AND WRITE WHERE YOU RECEIVED THE MONEY AND THE AMOUNT

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

IF YOU HAD A MAJOR CHANGE IN INCOME IN THE PAST 12 MONTHS, STATE WHAT THE CHANGE WAS

	Last month	
10. Deductions		
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 <input type="checkbox"/> federally tax deductible*	\$	
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")	\$	

FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK

LIST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL PROPERTY

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)	\$

Total

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

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

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

LIST ANYONE WHO LIVES WITH YOU (INCLUDING CHILD(REN), ROOMATES, FAMILY, ETC.), THEIR AGE, THEIR RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME

13. Average monthly expenses

Estimated expenses
 Actual expenses
 Proposed needs
 ← **CHECK ONE**

a. Home:

- (1) Rent or mortgage \$
- If mortgage:
- (a) average principal: \$
- (b) average interest: \$
- (2) Real property taxes \$
- (3) Homeowner's or renter's insurance (if not included above) \$
- (4) Maintenance and repair \$
- b. Health-care costs not paid by insurance \$
- c. Child care \$
- d. Groceries and household supplies \$
- e. Eating out \$
- f. Utilities (gas, electric, water, trash) \$
- g. Telephone, cell phone, and e-mail \$

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

- h. Cleaning \$
- i. Gifts, and vacation \$
- j. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$
- k. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$
- l. Savings and investments \$
- m. Charitable contributions \$
- n. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$
- o. Other (specify): \$

r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$

s. **Amount of expenses paid by others** \$

ADD UP ALL THE EXPENSES YOU LISTED FOR A TOTAL TO PUT HERE

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
LIST HERE ANY PAYMENTS YOU ARE MAKING FOR VEHICLE LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC. AND THE NAME OF THE COMPANY YOU ARE PAYING. LIST HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR LAST PAYMENT. ADD UP ALL OF THE MONTHLY PAYMENT AMOUNTS AND PUT THE TOTAL IN ITEM 13. p.				
		\$	\$	
		\$	\$	

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):

ONLY COMPLETE SECTION 15. IF YOU HAD AN ATTORNEY AND WANT THE OTHER PARTY TO PAY FOR YOUR ATTORNEY

I confirm this fee arrangement.

Date: DO NOT SIGN ON THIS PAGE UNLESS COMPLETING SECTION 15

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

CHILD SUPPORT INFORMATION

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

WRITE IN THE NUMBER OF MINOR CHILD(REN) YOU HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

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.)

IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE

EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M

17. Children's health-care expenses

- 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: _____

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN.

IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

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

18. Additional 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 <i>(specify below)</i> : | \$ _____ | |

WRITE IN ANY OTHER EXPENSES IF IT APPLIES

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

FILL IN ITEMS a. - c. AND DESCRIBE THE HARDSHIP BELOW

- | | | |
|---|------------------|----------------------|
| | Amount per month | For how many months? |
| a. Extraordinary health expenses not included in 18b | \$ _____ | _____ |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| 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)*:

EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP

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

WRITE ANY INFORMATION HERE YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS CASE

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address)		FOR COURT USE ONLY	
YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER		<div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>	
FAX NO.:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		CASE NUMBER: CASE NUMBER	
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE RESPONDENT/DEFENDANT: THE OTHER PARTY OTHER PARENT/PARTY:		(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:	
PROOF OF PERSONAL SERVICE			

- I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
- Person served (name): **NAME OF PERSON BEING SERVED (OTHER PARTY'S NAME)**
- 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

- By personally delivering copies to the person served, as follows:
 - Date: **DATE DOCUMENTS WERE SERVED**
 - Time: **THE EXACT TIME THE PAPERS WERE HANDED TO THE OTHER PARTY (AM/PM)**
 - Address: **ADDRESS WHERE DOCUMENTS WERE SERVED**

CHECK ONE BOX

- I am
 - not a registered California process server.
 - a registered California process server.
 - an employee or independent contractor of a registered California process server.
 - exempt from registration under Business & Profession Code section 22350(b).
 - a California sheriff or marshal.

- 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

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

BLANK FORMS

(To be Completed)

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):	<i>FOR COURT USE ONLY</i>
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 <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"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

NOTICE OF HEARING

1. TO (name(s)): _____
 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.)

(Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

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:
---	--------------

REQUEST FOR ORDER

Note: Place a mark 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. 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):

2. CHILD CUSTODY

I request temporary emergency orders

VISITATION (PARENTING TIME)

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

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to (person who decides: health, education, etc):</u>	<input type="checkbox"/> <u>Physical Custody to (person with whom child lives):</u>
---------------------	----------------------	--	---

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):

(2) As follows (specify): Attachment 2b.

c. The orders that I request are in the best interest of the children because (specify): Attachment 2c.

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):

Attachment 2d.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. CHILD SUPPORT

(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 based on the child support guideline.

Monthly amount (\$) requested (if not by guideline)

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):

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.

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.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

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. DOMESTIC VIOLENCE ORDER

- Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read form DV-400-INFO, *How to Change or End a Domestic Violence Restraining Order* for more information.

- a. The *Restraining Order After Hearing* (form DV-130) was filed on (*date*): _____
- b. I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (*If you want to change the orders, complete 7c.*)
- c. I request that the court make the following changes to the restraining orders (*specify*): _____ Attachment 7c.

d. I want the court to change or end the orders because (*specify*): _____ Attachment 7d.

8. OTHER ORDERS REQUESTED (*specify*): _____ Attachment 8.

9. 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 9c.

10. 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 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 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 www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

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):*

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)	
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)	

- 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
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to	Child's residence (City, State)	Person child lived with (name and complete current address)		

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

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<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)		

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: 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 PARTY/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.
--	--

(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: RESPONDENT: OTHER PARTY/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 <input type="checkbox"/> federally taxable*	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social Security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military allowances, royalty payments) (specify):	\$ _____	_____

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

a. Dividends/interest	\$ _____	
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 <input type="checkbox"/> federally tax deductible*	\$ _____	
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)	\$ _____	_____

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

PETITIONER: RESPONDENT: OTHER PARTY/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: <ul style="list-style-type: none"> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____ <li style="padding-left: 20px;">If mortgage: <li style="padding-left: 40px;">(a) average principal: \$ _____ <li style="padding-left: 40px;">(b) average interest: \$ _____ (2) Real property taxes \$ _____ (3) Homeowner's or renter's insurance
 (if not included above) \$ _____ (4) Maintenance and repair \$ _____ b. Health-care costs not paid by insurance \$ _____
c. Child care \$ _____
d. Groceries and household supplies \$ _____
e. Eating out \$ _____
f. Utilities (gas, electric, water, trash) \$ _____
g. Telephone, cell phone, and e-mail \$ _____ | h. Laundry and cleaning \$ _____
i. Clothes \$ _____
j. Education \$ _____
k. Entertainment, gifts, and vacation \$ _____
l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ _____
m. Insurance (life, accident, etc.; do not include
auto, home, or health insurance) \$ _____
n. Savings and investments \$ _____
o. Charitable contributions \$ _____
p. Monthly payments listed in item 14
<i>(itemize below in 14 and insert total here)</i> \$ _____
q. Other (specify): \$ _____ |
|--|--|

r. TOTAL EXPENSES (a-q) <i>(do not add in the amounts in a(1)(a) and (b))</i> \$ _____

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)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/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 <i>(specify below)</i> :	\$ _____

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 <i>(examples: fire, theft, other insured loss)</i>	\$ _____	_____
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)*:

LEAVE FORMS

FL-320 &

FL-335 BLANK

FOR THE

RESPONDENT

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	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: <i>(If applicable, provide):</i> 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)