

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.

FL-300-INFO Information Sheet for Request for Order

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

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

- To ask for a restraining order against your spouse or domestic partner, a former spouse or domestic partner, or someone you have a child with. Read *How to Ask for a Temporary Restraining Order* (form DV-505-INFO).
- To ask to change or end a *Restraining Order After Hearing* granted under the Domestic Violence Prevention Act, including form DV-130 and form JV-255 in a juvenile case. For more information, read *How Do I Ask to Change or End a Domestic Violence Restraining Order?* (form DV-300-INFO).
- Before you have filed a Petition to start your family law case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see www.courts.ca.gov/selfhelp-agreeFL, speak with an attorney, or get help at your court's Self-Help Center or Family Law Facilitator's Office.
- When specific Judicial Council forms must be used to ask the court for other orders. For example, to ask:
 - For an order for contempt, use form FL-410.
 - To set aside a child support order, use form FL-360 or form FL-640.
 - To set aside a voluntary declaration of 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 this form:
 - A current 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 these forms:
 - 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 these forms:*
 - A current FL-150, *Income and Expense Declaration*
 - FL-319, *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
 - FL-158, *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)(*The above forms are not required when asking for attorney's fees and costs under the Domestic Violence Prevention Act.)
- f. To request temporary emergency (ex parte) orders, you need these forms:
 - FL-305, *Temporary Emergency Orders* to serve as the proposed temporary emergency orders.
 - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use form FL-303, *Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders*.
 - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need form:
 - FL-321, *Witness List*
- h. If you want to request a separate trial (bifurcation) on an issue, you need form:
 - FL-315, *Request or Response to Request for Separate Trial*



4 Complete form FL-300 (Page 1)

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

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

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

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

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

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

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

Items 4–5: Leave these blank. The court will complete them if the orders are granted.

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

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

Items 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

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

PETITIONER/RESPONDENT/OTHER PARENT/PARTY

REQUEST FOR ORDER

CHANGE TEMPORARY EMERGENCY ORDERS

Child Custody Visitation (Parenting Time) Spousal or Partner Support

Child Support Property Control Attorney's Fees and Costs

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-329/INFO for more information.)

COURT ORDER

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: _____

REQUEST FOR ORDER

Page 1 of 4

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

7 File your documents

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

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

8 Pay filing fees

A fee is due at the time of filing.

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



9 Temporary Emergency (Ex Parte) Orders (nondomestic violence restraining orders)

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

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

To request these orders:

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

10 General information about "service"

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

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

11 Serve the Request for Order and blank forms

The other party must be "served" with a:

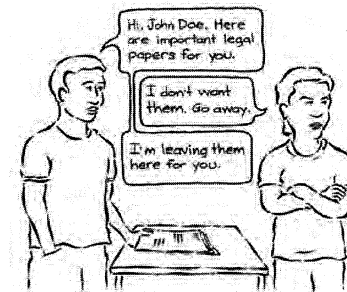
- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank form FL-320, *Responsive Declaration to Request for Order*.
- Blank form FL-150, *Income and Expense Declaration* (if you served form FL-150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

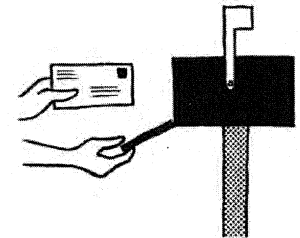
Personal service means that your server walks up to each person to be served, makes sure the right person is served, and then hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.



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

14 "Service by mail"

Service by mail means that your server places copies of all the documents (and blank forms) in a sealed envelope and mails them to the address of each party being served (or to the 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! For questions about personal service or service by mail, talk with a lawyer or check with your court's Family Law Facilitator or Self-Help Center at www.courts.ca.gov/1083.htm.



15 When to use personal service or service by mail

Personal Service

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

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

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

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

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

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

Service by Mail

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

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

A *Request for Order* to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by 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 residence or office address. (You may use *Address Verification* (form **FL-334**.)

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

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

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

16 Get ready for your hearing

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

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

FORM INSTRUCTIONS

FL-300

FOR COURT USE ONLY
SAMPLE ONLY
DO NOT WRITE ON THIS COPY!

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:

NAME: **YOUR NAME**

FIRM NAME:

STREET ADDRESS: **YOUR ADDRESS**

CITY: **CITY, STATE, ZIP CODE**

TELEPHONE NUMBER: **YOUR TELEPHONE NUMBER**

EMAIL ADDRESS:

ATTORNEY FOR (name):

STATE: ZIP CODE:

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:

PETITIONER: **PARTY WHO INITIALLY OPENED CASE**

RESPONDENT: **THE OTHER PARTY**

OTHER PARENT/PARTY:

REQUEST FOR ORDER **CHANGE** **TEMPORARY EMERGENCY ORDERS**

Child Custody Visitation (Parenting Time) Spousal or Partner Support

Child Support Property Control Attorney's Fees and Costs

Other (specify):

CASE NUMBER:

COURT CASE NUMBER

CHECK ALL THE BOXES THAT APPLY to change or end an order read form **FL-300-INFO** and form **FL-300-INFO**.

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: _____

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.)

COURT ORDER (FOR COURT USE ONLY)

It is ordered that:

- 4. Time _____ (date):
- 5. A Responsive Declaration _____ (date):
- 6. The parties attend _____ (date):
- 7. The order is served _____ (date):
- 8. Other (specify): _____ (date):

LEAVE SECTIONS 4-8 BLANK

_____ (date):

_____ (date):

_____ (date):

_____ (date):

Date: **LEAVE BLANK**

LEAVE BLANK

JUDICIAL OFFICER

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
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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. <input type="checkbox"/> RESTRAINING ORDER INFORMATION One or more domestic violence restraining/protective orders are now in effect between (specify): <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> 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):	<div style="border: 1px solid black; padding: 5px;"> 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 </div>
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2. <input type="checkbox"/> CHILD CUSTODY <input type="checkbox"/> VISITATION (PARENTING TIME)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">COMPLETE THIS SECTION IF YOU ARE ASKING FOR CHILD CUSTODY/VISITATION ORDERS</div> <input type="checkbox"/> I request temporary/emergency orders																				
a. I request that the court make orders about the following children (specify):	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Child's Name</td> <td style="width: 20%;">Date of Birth</td> <td style="width: 30%;">Legal Custody to (person who decides: health, education, etc.):</td> <td style="width: 20%;">Physical Custody to (person with whom child lives):</td> </tr> <tr> <td>CHILD #1'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> <tr> <td>CHILD #2'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> <tr> <td>CHILD #3'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> <tr> <td>CHILD #4'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> </table>	Child's Name	Date of Birth	Legal Custody to (person who decides: health, education, etc.):	Physical Custody to (person with whom child lives):	CHILD #1'S NAME	BIRTHDATE			CHILD #2'S NAME	BIRTHDATE			CHILD #3'S NAME	BIRTHDATE			CHILD #4'S NAME	BIRTHDATE		
Child's Name	Date of Birth	Legal Custody to (person who decides: health, education, etc.):	Physical Custody to (person with whom child lives):																		
CHILD #1'S NAME	BIRTHDATE																				
CHILD #2'S NAME	BIRTHDATE																				
CHILD #3'S NAME	BIRTHDATE																				
CHILD #4'S NAME	BIRTHDATE																				
b. <input type="checkbox"/> The orders I request for <input type="checkbox"/> child custody <input type="checkbox"/> visitation (parenting time) are:	<input type="checkbox"/> Attachment 2a. <div style="border: 1px solid black; padding: 2px; display: inline-block;">CHECK BOXES THAT APPLY</div>																				
(1) <input type="checkbox"/> Specified in the attached forms:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Form FL-305</td> <td><input type="checkbox"/> Form FL-311</td> <td><input type="checkbox"/> Form FL-312</td> <td><input type="checkbox"/> Form FL-341(C)</td> </tr> <tr> <td><input type="checkbox"/> Form FL-341(D)</td> <td><input type="checkbox"/> Form FL-341(E)</td> <td colspan="2"><input type="checkbox"/> Other (specify):</td> </tr> </table>	<input type="checkbox"/> Form FL-305	<input type="checkbox"/> Form FL-311	<input type="checkbox"/> Form FL-312	<input type="checkbox"/> Form FL-341(C)	<input type="checkbox"/> Form FL-341(D)	<input type="checkbox"/> Form FL-341(E)	<input type="checkbox"/> Other (specify):													
<input type="checkbox"/> Form FL-305	<input type="checkbox"/> Form FL-311	<input type="checkbox"/> Form FL-312	<input type="checkbox"/> Form FL-341(C)																		
<input type="checkbox"/> Form FL-341(D)	<input type="checkbox"/> Form FL-341(E)	<input type="checkbox"/> Other (specify):																			
(2) <input type="checkbox"/> As follows (specify):	<input type="checkbox"/> Attachment 2b. <div style="border: 1px solid black; padding: 5px;"> IF YOU CHECK THIS BOX, PROVIDE FURTHER DETAILS TO SUPPORT YOUR REQUEST IN REGARDS TO CUSTODY/VISITATION </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> IF YOU NEED MORE SPACE TO PROVIDE FURTHER DETAILS, USE FORM MC-031 AND CHECK THIS BOX </div>																				
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, CHECK THE BOX OF THE FORM(S) YOU PRINTED AND ATTACHED </div>																					
c. The orders that I request are in the best interest of the children because (specify):	<input type="checkbox"/> Attachment 2c.																				
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> EXPLAIN WHY THE ORDERS YOU ARE REQUESTING ARE GOOD FOR YOUR CHILD(REN) </div>																					

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
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2. 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

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

(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 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-150).)

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

Child's name and age	<input type="checkbox"/>	I request support for each child
Child's name and age	<input type="checkbox"/>	Monthly amount (\$) requested
Child's name and age	<input type="checkbox"/>	based on the child support guideline. (if not by guideline)
Child's name and age	<input type="checkbox"/>	based on the child support guideline. (if not by guideline)

COMPLETE WHICH EVER ONE APPLIES

b. I want to change a current court order for child support filed on (date): _____ Attachment 3a.
 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**
 (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: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
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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):

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

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*

b. A *Request for Attorney's Fees and Costs Attachment* (form [FL-158](#)) 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.

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

7. OTHER ORDERS REQUESTED (specify): Attachment 7.

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

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 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 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

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:</p> <p>NAME: YOUR NAME</p> <p>FIRM NAME: YOUR ADDRESS</p> <p>STREET ADDRESS: CITY, STATE, ZIP CODE</p> <p>CITY: YOUR TELEPHONE NUMBER</p> <p>TELEPHONE NO.: ZIP CODE:</p> <p>EMAIL ADDRESS: ATTORNEY FOR (name):</p> <hr/> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: Fresno County Superior Court</p> <p>MAILING ADDRESS: 1130 "O" Street</p> <p>CITY AND ZIP CODE: Fresno CA 93724-2220</p> <p>BRANCH NAME:</p> <p><i>(This section applies to cases other than probate guardianships.)</i></p> <p>PETITIONER: PARTY WHO INITIALLY OPENED CASE</p> <p>RESPONDENT: THE OTHER PARTY</p> <p>OTHER PARTY:</p> <p>CHILD'S NAME (Juvenile cases only):</p> <p><i>(This section applies only to probate guardianship of (name):</i> LEAVE BLANK <i>Minor</i></p> <p style="text-align: center;">CHECK THE APPROPRIATE BOX</p> <p>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</p>	<p><i>FOR COURT USE ONLY</i></p> <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold; margin: 10px auto; width: 80%;"> <p>SAMPLE ONLY DO NOT WRITE ON THIS COPY!</p> </div> <p>CASE NUMBER:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; margin: 10px auto; width: 80%;"> <p>COURT CASE NUMBER</p> </div>
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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.

2. There are (specify number): **WRITE IN THE NUMBER OF CHILDREN** 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 you need to file Attachment 3a. **CHECK THIS BOX IF APPLICABLE** Form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top of the form and provide the 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 and residence history for the past five years. If the current address is confidential under Family Code Section 8627, check this box and provide only the state of residence.) **CHECK THIS BOX IF APPLICABLE**

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 <input type="checkbox"/> Confidential (list state only)	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH <input type="checkbox"/> Confidential (list state only)	RELATIONSHIP OF PERSON TO CHILD
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	RELATIONSHIP OF PERSON TO CHILD

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
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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						

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 (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				

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 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 Name of each child:	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child:	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child:

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:	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:	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:	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:	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	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">CURRENT ADDRESS FOR THE CHILD</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">RELATIONSHIP OF PERSON TO CHILD</div>
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px;"> 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 </div>		
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	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">CURRENT ADDRESS FOR THE CHILD</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">RELATIONSHIP OF PERSON TO CHILD</div>
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px;"> 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 </div>		
From:	To:			
From:	To:			
From:	To:			

FORM INSTRUCTIONS

FL-150

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY SAMPLE ONLY DO NOT WRITE ON THIS COPY!
NAME:	YOUR NAME		
FIRM:	YOUR ADDRESS		
STREET:	CITY, STATE, ZIP CODE	STATE: ZIP CODE:	
CITY:	YOUR TELEPHONE NUMBER	STATE: ZIP CODE:	
TELEPHONE:		FAX NO.:	
E-MAIL ADDRESS:			
ATTORNEY FOR (name):	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		
CITY AND ZIP CODE:	Fresno CA 93724-2220		
BRANCH NAME:			
PETITIONER: PARTY WHO INITIALLY OPENED CASE			
RESPONDENT: THE OTHER PARTY			
OTHER PARTY/PARENT/CLAIMANT:			
INCOME AND EXPENSE DECLARATION			CASE NUMBER: COURT 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:	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)
	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 ← **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**

3. Tax information ← **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.)**

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): **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)

FORM INSTRUCTIONS

FL-150

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT: _____	CASE NUMBER: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> COURT CASE NUMBER
--	--

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

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):	\$	\$

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

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

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

a. Dividends/interest.....	\$	LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA
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): _____

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

10. **Deductions**

a. Required union dues.....	\$	FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK
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").....	\$	

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

11. **Assets**

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$	Total \$ _____ \$ _____ \$ _____
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.

FORM INSTRUCTIONS

FL-150

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT: _____	CASE NUMBER: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> COURT 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.	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			<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 ← **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..... \$ _____

h. **LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED**

..... \$ _____

i. \$ _____

j. \$ _____

k. 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 (itemize below in 14 and insert total here)... \$ _____

q. 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** \$ _____

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 information 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 OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

FORM INSTRUCTIONS

FL-150

PETITIONER: <input type="text" value="PARTY WHO INITIALLY OPENED CASE"/>	CASE NUMBER: <input type="text"/>
RESPONDENT: <input type="text" value="THE OTHER PARTY"/>	<input type="text" value="COURT CASE NUMBER"/>
OTHER PARTY/PARENT/CLAIMANT: <input type="text"/>	

CHILD SUPPORT INFORMATION

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

16. Number of children

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

- 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 expense for the children in this case

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

Amount per month

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):

- a. Extraordinary health expenses not included in 18b..... \$ _____
b. Major losses not covered by insurance (*examples: fire, theft, other insured loss*)..... \$ _____
c. (1) Expenses for my minor children who are from other relationships and are living with me..... \$ _____
(2) Names and ages of those children (*specify*): _____

(3) Child support I receive for those children..... \$ _____

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

Amount per month | For how many months?

\$ _____	_____
\$ _____	_____
\$ _____	_____

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

FORM INSTRUCTIONS

FL-330

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address)</i>		FOR COURT USE ONLY	
YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> 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 CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:		CASE NUMBER: <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> COURT CASE NUMBER </div>	
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE RESPONDENT/DEFENDANT: THE OTHER PARTY OTHER PARENT/PARTY:		<i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:	
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*): **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)

BLANK FORMS

(To be Completed)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: _____ STATE BAR NUMBER: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL 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: _____	
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"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify): _____	CASE NUMBER: _____

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

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date: _____	Time: _____	Dept.: <input type="checkbox"/>	Room.: <input type="checkbox"/>
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 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</u> <i>(person who decides: health, education, etc):</i> | <input type="checkbox"/> <u>Physical Custody to</u> <i>(person with whom child lives):</i> |
|---------------------|----------------------|---|--|

- b. The orders I request for child custody visitation (parenting time) are: Attachment 2a.
- (1) Specified in the attached forms:
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Form FL-305 | <input type="checkbox"/> Form FL-311 | <input type="checkbox"/> Form FL-312 | <input type="checkbox"/> Form FL-341(C) |
| <input type="checkbox"/> Form FL-341(D) | <input type="checkbox"/> Form FL-341(E) | <input type="checkbox"/> Other <i>(specify)</i> : | |
- (2) As follows *(specify)*: 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): _____

Attachment 2d.

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 Monthly amount (\$) requested
 based on the child support guideline. (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 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 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 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: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):	
Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	
CASE NUMBER:	

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:			
From:	To:			
From:	To:			
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:
------------	--------------

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 or tribe, 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"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state or tribe, location)</i>
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 <i>(if known)</i>	Orders expire <i>(date)</i>
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):*

<p>a. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>b. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>c. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
--	--	--

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:

_____ <small>(NAME OF DECLARANT)</small>	_____ <small>(SIGNATURE OF DECLARANT)</small>
---	--

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)**

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 <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
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 <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			

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 <i>(name and complete current address)</i>	Relationship
From:	To present			
		<input type="checkbox"/> Confidential <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			
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 <i>(name and complete current address)</i>	Relationship
From:	To present			
		<input type="checkbox"/> Confidential <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

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) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

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

3. **Tax information**

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

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

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)



_____ (SIGNATURE OF DECLARANT)

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: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> 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..... \$ _____	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 (itemize below in 14 and insert total here)... \$ _____ q. 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 \$ _____
---	---

14. Installment payments and debts not listed above

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

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

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): _____

I confirm this fee arrangement.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

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 expense for the children in this case

	Amount per month
a. Childcare 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)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address)</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY CASE NUMBER: _____ <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: 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. 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)*:

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)

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL 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:	
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. 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:
-
8. 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:
-
9. 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)

