# Instructions for **Request for Order**

#### WHEN TO USE THIS PACKET

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

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

#### STEPS TO FILE THE REQUEST FOR ORDER:

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

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

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

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

Revised 01/15/2025

### FL-300-INFO

#### Information Sheet for Request for Order

#### **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.

#### 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 <u>DV-300-INFO</u>).
- 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 <u>FL-280</u>.

(3) Forms checklist
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F	orms checklist
a.	Form <u>FL-300</u> , <i>Request for Order</i> , is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
b.	To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
	☐ FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act
	FL-311, Child Custody and Visitation (Parenting Time) Application Attachment
	FL-312, Request for Child Abduction Prevention Orders
	FL-341(C), Children's Holiday Schedule Attachment
	FL-341(D), Additional Provisions—Physical Custody Attachment
	FL-341(E), Joint Legal Custody Attachment
c.	If you want child support, you need this form:
	A current <u>FL-150</u> , <i>Income and Expense Declaration</i> . You may use form <u>FL-155</u> , <i>Financial Statement (Simplified)</i> instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
d.	If you want spousal or partner support or orders about your finances, you need these forms:
	☐ A current <u>FL-150</u> , <i>Income and Expense Declaration</i>
	FL-157, Spousal or Partner Support Declaration Attachment (if the request is to change a support judgment
e.	If you want attorney's fees and costs, you need these forms:*
	☐ A current <u>FL-150</u> , <i>Income and Expense Declaration</i>
	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:
	☐ <u>FL-305</u> , <i>Temporary Emergency Orders</i> to serve as the proposed temporary emergency orders.
	Your declaration describing how and when you gave notice about the request for temporary emergency

Emergency (Ex Parte) Orders.

FL-321, Witness List

g. If you plan to have witnesses testify at the hearing, you need form:

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

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

Other forms required by local courts. See item 9 on page 3 of this form for more information.

### FL-300-INFO

#### Information Sheet for Request for Order

## (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** Leave these blank. The court will
- **4–5:** complete them if the orders are granted.
- Item 6: In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party's lawyer to make the appointment and then complete item 6 before filing form FL-300.

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

Items Leave these blank. The court will complete them, if needed.

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

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

## 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.

### FL-300-INFO

#### Information Sheet for Request for Order



#### **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 <u>FL-320</u>, *Responsive Declaration to Request for Order*.
- Blank form <u>FL-150</u>, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

### **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.

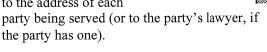


Note: Sometimes the papers may be personally served on the other party's lawyer (if the other party has one) in the family law case.



#### "Service by mail"

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



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

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



## FL-300-INFO Information Sheet for Request for Order

#### 15) When to use personal service or service by mail

#### **Personal Service**

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

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

- ✓ Ordered personal service;
- **✓** Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because the person has either NOT previously:
  - Been served with a Summons and Petition; \* OR
  - Appeared in the case by filing a:
    - a. Response to a Petition;
    - b. Appearance, Stipulations, and Waivers;
    - c. Written notice of appearance;
    - d. Request to strike all or part of the *Petition*; or
    - e. Request to transfer the case.
- \*Note: A Request for Order may be served at the same time as the family law Summons and Petition.
- 1. After serving, the server must fill out a *Proof of* Personal Service (form FL-330) and give it to you. If the server needs instructions, give them form FL-330-INFO, Information Sheet for Proof of Personal Service.
- **2.** Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

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

#### Service by Mail

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

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

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

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

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

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

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

#### 16) Get ready for your hearing

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

#### 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 <a href="https://www.courts.ca.gov/selfhelp-courtresources.htm">www.courts.ca.gov/selfhelp-courtresources.htm</a>.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: YOUR NAME	
FIRM NAME: STREET ADDR YOUR ADDRESS	SAMPLE
CITY: STATE, ZIP CODE STATE: ZIP CODE: FAX NO.:	ONLY
EMAIL ADDRES YOUR TELEPHONE NUMBER	
ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF	DO NOT
STREET ADDRESS: Fresno County Superior Court  MAILING ADDRESS: 1130 "O" Street	VA/DITE ON
CITY AND ZIP CODE: Frospo CA 93724-2220	WRITE ON
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	THIS COPY!
	CASE NUMBER:
Child Custody Visitation (Parenting Time) Spousal or Partner Support Child Support Property Control Attorney's Fees and Costs Other (specify):	COURT CASE NUMBER
	change or end an order
Pad	form <u>FL-300-INFO</u> and form
NOTICE OF HEARING	
1. TO (name(s)): WRITE THE OTHER PARTY'S NAME AND IF DCSS IS INVOLVED, WRITE "E	CSS" HERE TOO
Petitioner Respondent Other Parent/Party Other (s	pecify):
2. A COURT HEARING WILL BE HELD AS FOLLOWS: CHECK THE BOXES THAT APPLY	
a. Date: b. Address of c LEAVE THIS BOX BLANK	m.:
3. <b>WARNING to the person served with the </b> <i>Request for Order:</i> The court may make the request not file a <i>Responsive Declaration to Request for Order</i> (form FL-320), serve a copy on the other period the hearing (unless the court has ordered a shorter period of time), and appear at the hear <i>more information.</i> )	parties at least nine court days
COURT ORDER	
4. Time LEAVE	(date):
5. A Respo	):
6. The part (specify SECTIONS	ling counseling as follows
7. The order	and must be personally
8. Other (s)	
Date: LEAVE BLANK	LEAVE BLANK  JUDICIAL OFFICER
	SOUICIAL OF FIGURE

PETITIONER: RESPONDENT: THE OTHER PARTY

OTHER PARENT/PARTY:

CASE NUMBER:

COURT CASE NUMBER

#### **REQUEST FOR ORDER**

**Note**: Place a mark  $\overline{X}$  in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

, , , , , , , , , , , , , , , , , , ,		and 1 E-000 as a title. (100 may us	(10111111111111111111111111111111111111	
1.	RESTRAINING OF	DER INFORMATION		
-	One or more dome	stic violence restraining/protective o	orders are now in effect between (specify)	
	Petitioner		Parent/Party (Attach a copy of the orders	IF THERE IS A RESTRAINING
	The orders are fron	the following court or courts (spec	ify county and state):	ORDER IN EFFECT
	a. Criminal:	County/state (specify):	Case No. (if known):	BETWEEN YOU AND THE
	b. Family: C	ounty/state (specify):	Case No. (if known):	OTHER PARTY, COMPLETE
	c. Juvenile:	County/state (specify):	Case No. (if known):	SECTION 1. AND ATTACH A
	d. Other: Co	ounty/state (specify):	Case No. (if known):	COPY, IF YOU HAVE ONE
2.	CHILD CUSTODY	COMPLETE THIS SECT	ION IF YOU ARE ASKING FOR CHILD (	CUSTODY/VISITATION ORDERS
	] $)$ $)$ $)$ $)$ $)$ $)$ $)$ $)$ $)$ $)$			temperary emergency eracio
1 2	a. I request that the	e court make orders about the follo		
CHECK	Child's Name	<u>Date of Birth</u>	Legal Custody to (person who	Physical Custody to (person
BOXES	CHILD #1'S NAME		decides: health, education, etc).	with whom child lives):
THAT	CHILD #2'S NAME			
APPLY	CHILD #3'S NAME	BIRTHDATE	IF YOU ARE ASKING FOR CUSTHE BOXES AND WRITE IN THE	
	CHILD #4'S NAME	BIRTHDATE	YOU WANT TO HAVE LEGAL AN	
	//		TOO WANT TO TAVE ELOAL AT	Attachment 2a.
	b. The orde	rs I request for 📕 child custody	visitation (parenting time) are:	
	(1)	Specified in the attached forms:		CHECK BOXES THAT APPLY
1	CK ALL	Form FL-305 Form F	L-311 Form FL-312	Form FL-341(C)
IHAI	APPLY	Form FL-341(D) Form F	L-341(E) Other (specify):	
-	(2)	As follows (specify):		Attachment 2b
	7			<del>                                      </del>
	IF YOU	CHECK THIS BOX,	IF Y	OU NEED'MORE SPACE TO OVIDE FURTHER DETAILS,
		E FURTHER DETAILS TO SUPPORT		FORM MC-031 AND
	REGAR	DS TO CUSTODY/VISITATION	СНЕ	CK THIS BOX
	<u> </u>	LE VOLLWOILLE LIKE TO A	TTAGUADDITIONAL FORMS FOR OUR DO	UCTODY.
			ATTACH ADDITIONAL FORMS FOR CHILD C BOX OF THE FORM(S) YOU PRINTED AND A	
	c. The orders that	I request are in the best interest of		Attachment 2c.
		•	( )	
		EXPLAIN WHY THE OPDI	ERS YOU ARE REQUESTING	
			YOUR CHILD(REN)	
			The state of the s	

PETITIONER: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
RESPONDENT: THE OTHER PARTY	<b>COURT CASE NUMBER</b>
OTHER PARENT/PARTY:	Parameter and the second secon
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 (da	te): . The court ordered (specify):
IF YOU ARE CHANGING AN EXISTING CUSTODY ORDE	ER, CHECK THIS BOX
IF YOU ARE WRITE IN THE DATE YOUR EXISTING ORDER WAS FIL	ED ON AND GIVE A BRIEF DESCRIPTION OF WHAT
ASKING TO YOUR CUSTODY ORDER IS	
CHANGE (2) The visitation (parenting time) order was filed on (date,	): . The court ordered (specify):
ORDERS, IF YOU ARE CHANGING AN EXISTING <u>VISITATION</u> ORD	ER, CHECK THIS BOX
CHECK THE	
APPROPRIATE WRITE IN THE DATE YOUR EXISTING ORDER WAS FILE WHAT YOUR VISITATION ORDER IS	ED ON AND GIVE A BRIEF DESCRIPTION OF
BOXES	
COMPLETE THE OFFICE VOLLARE ACKING F	Attachment 2d.
3. CHILD SUPPORT COMPLETE THIS SECTION IF YOU ARE ASKING FO	•
(Note: An earnings <del>lassignment may be issued. See <i>income viramoiding re</i>  a. I request that the court order child support as follows:</del>	or Support (IOIIII <u>1 L-195)</u>
Child's name and age	
Child's name and age based on the child	d support guideline. (if not by guideline)
CHILD #1'S NAME BIRTHDATE	1
CHILD #2'S NAME BIRTHDATE	_
CHILD #3'S NAME BIRTHDATE COM	IPLETE WHICH EVER ONE APPLIES
CHILD #4 5 IVAINE BIRTHDATE	
	Attachment 3a.
<ul> <li>b. I want to change a current court order for child support filed on (da The court ordered child support as follows (specify):</li> </ul>	te):
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 Incom	e and Expense Declaration (form FI -150) or I filed
a current <i>Financial Statement (Simplified)</i> (form FL-155) because I me	
d. The court should make or change the support orders because (specify	): Attachment 3d.
EXPLAIN WHY THE COURT SHOULD GRANT YOUR REQUEST	Lance of the first interface in the state of the contract of t
FOR CHILD SUPPORT OR YOUR REQUEST TO CHANGE IT	
US YOU ARE REQUESTING ONLY R OURRORT ORREDS OUTS	
IF YOU ARE REQUESTING CHILD SUPPORT ORDERS, CHECK THIS BOX AND COMPLETE FORM FL-150	
4. SPOUSAL OR DOMESTIC PARTNER SUPPORT COMPLETE THIS SEC	
(Note: An Earnings Assignment Order for Spousal or Partner Support (torn	n FL-435) may be issued.)
a. Amount requested (monthly): \$	
	upport order filed on <i>(date):</i>
The court ordered \$ per month for support.	
c. This request is to modify (change) spousal or partner support aff	ter entry of a judgment.
I have completed and attached Spousal or Partner Support Dec	<i>laration Attachment</i> (form <u>FL-157</u> ) or a declaration
that addresses the same factors covered in form FL-157.	(form El. 150) in cumpart of my request
<ul> <li>d. I have completed and filed a current <i>Income and Expense Declaration</i></li> <li>e. The court should should make, change, or end the support orders became.</li> </ul>	
e. The court should should make, change, or end the support orders because in the support of the	
FOR SPOUSAL SUPPORT OR YOUR REQUEST TO CH	•
. S. O. SOORE SOLI SALISATION TO SI	
L	

	PONDENT:	PARTY WHO IN THE OTHER PA	ITIALLY OPENED CAS		COURT CASE NUMBER	
5. PROP	PERTY CONT	tioner response the response the response the response to	ondent other paren at we own or are b CHECK ANY OTH APPLY, TO TELL	uying lease of lease	AT HAT	n, and
b. Th		itioner res g due while the or	der is in effect:	inpurty so ordered	the following payments on	debts
		g due wille the or		Amount: \$	Due date:	
			For:		Due date:	
					Due date:	
Pa	ay to:		For:	Amount: \$	Due date:	
c d. Sp		_	urrent order for property co	• •	property control orders.	
I reque a. A c b. A F in t c. A S	est attorney's current <i>Incom</i> Request for A that form.	ne and Exper ttorney's Fee AP	HECK ANY OTHER PLY, TO TELL THE YOU ARE REQ	R BOXES THAT E COURT WHA UESTING	T that addresses the factors cove	ered
7. OTHE	R ORDERS	REQUESTED (sp	ecify):		Attachme	nt 7.
YOU V	WILL ALSO NE RIPTION OF T	EED TO CHECK THI HE ORDER REQUE		DP OF PAGE 1 OF 4 A	***	
a b	To serve The hear	the Request for O	HEARING I urgently need rder no less than (number ce of the the Request for Co);	): court days	before the hearing.  Attachme	ent 8.
canno	ot be longer t	han 10 pages, unleur WHY YOU A	equest are listed below. The ess the court gives me per RE REQUESTING THE ONLONG EVIDENCE TO SU	mission.  RDERS LISTED ON		<u>nt 9.</u>
is true and corre Date: <b>TODAY</b>	ct ''S DATE RINT YOU				provided in this form and all attachr  YOUR NAME HERE  (SIGNATURE OF APPLICANT)	nents

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 <a href="https://www.courts.ca.gov/forms">www.courts.ca.gov/forms</a> for Request for Accommodations by Persons With Disabilities and Response (form <a href="https://www.courts.ca.gov/forms">MC-410</a>). (Civ. Code, § 54.8.)

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

#### **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 Date: <b>TODAY'S DAT</b>		the State of California that the foregoing is true and correct.	
PRIN	T YOUR NAME HERE  (TYPE OR PRINT NAME)	SIGN YOUR NAME HERE (SIGNATURE OF DECLARANT)	
	,	Attorney for Plaintiff Petitioner De	efendant
Form Approved for Optional Use Judicial Council of California MC-031 [Rev. July 1, 2005]	CEB Essential Forms	ATTACHED DECLARATION	Page 1 of

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

#### **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)** 

Date: TODAY'S DAT		he State of California that the forego	oing is true and correct.	
PRIN	T YOUR NAME HERE	The vest of the state of the st	SIGN YOUR NAME HERE	***************************************
Wilder Barrier	(TYPE OR PRINT NAME)	Attorney for Respondent	(SIGNATURE OF DECLARANT)  Plaintiff Petitioner  Other (Specify):	Defendant
Form Approved for Optional Use Judicial Council of California MC-031 [Rev. July 1, 2005]	CEB° Essential Forms	ATTACHED DECLARATION		Page 1 of 2

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:		FOR COURT	TUSE ONLY
NAME: YOUR NAME	venorani minis komunika na na mana mana mana mana mana mana m		TON COOK!	JOSE ONE!
FIRM NAME: STREET ADDRESS  YOUR ADDRESS			SAM	IDIF
CITY: CITY, STATE, ZIP C	ODF E: ZIP C	CODE:	JAIV	
TELEPHONE NO. VOLID TELEPHONE	10 ·		ON	II Y
ATTORNEY FOR (name):	HOMBLIN			
SUPERIOR COURT OF CALIFORNIA, COL	JNTY OF			NOT
STREET ADDRESS: Fresno County S	Superior Court			
MAILING ADDRESS: 1130 "O" Street			WRIT	E ON
BRANCH NAME: Fresno CA 9372	4-2220		***************************************	
	res other than probate guardi FIALLY OPENED CASE RTY	anships.)	THIS C	COPY!
OTHER PARTY:		CHECK THE		
CHILD'S NAME (Juvenile cases only):  (This section applies on		ROPRIATE BOX	CASE NUMBER:	
GUARDIANSHIP OF (name): LEAVE BL	ing to property galary			
DECLARATION LINDS	R UNIFORM CHILD CUS	Minor	COURT CAS	E NUMBER
	ENFORCEMENT ACT (UC			
	this proceeding to determine		the authorized rep	presentative of the
T. Tam (onon one).	WRITE IN THE NUMB	مديد ما	this proceeding to detern	nine custody of a child.
2. There are (specify number):			eding, as follows <i>(list olde</i>	est child first):
Full Name	D	ate of birth	Place of birth (c	ity and state)
a. OLDEST CHILD'S NAME	E MM/I	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/I	DD/YYYY	CITY & STATE WHERE	CHILD WAS BORN
d. NEXT OLDEST CHILD'S	NAME MM/I	DD/YYYY	CITY & STATE WHERE	CHILD WAS BORN
Additional Children" at t APPL	ICABLE inform	ation for each additi	e piece of paper, write "F ional child, and attach to t	this form.)
3. a. <u>Check this box if there is o</u>	nly one child or if all of the ch	isted in item المعلمات	2 have lived together for	the past five years.
(Provide the current address of t address is confidential under Fal	APPLICABLE	production mot	ory for the past <b>five year</b> s de only the state of reside	or in this same
Dates of residence	Residence		child lived with and	
(Month/Year)	(City, State)		te current address	Relationship
From: To present	CURRENT ADDRESS FOR THE CHILD	1 11	URRENT ADDRESS N CHILD LIVES WITH	RELATIONSHIP OF PERSON
MM/DD/YYYY	Confidential (list state on		ntial (list state only)	TO CHILD
From: To:	THE CHILD'S			
FMM/DD/YYYY TJMM/DD/YYYY	ADDRESSES	NAM	E & CURRENT	
THAT CHILD STARTING STOPPED	FOR THE PAST		SS OF PERSON	RELATIONSHIP OF PERSON
F LIVING TO AT EACH ADDRESS AT EACH	FIVE YEARS GO IN THESE		LIVED WITH FOR     T FIVE YEARS GO	TO CHILD
F	BOXES		HESE BOXES	
		140,000		
L	sted on Attachment 3a. <i>(Forn</i> nore than one child and all the	-		t five years (Attach
form FL-105(A)/GC-120(A)	and list each other child's cu	irrent address and t	heir residence history for	the past five years.)
Form Adopted for Mandato	HE CHILD(REN) HAS LIVED AT	MORE THAN 4 ADD	RESSES IN THE LAST 5 Y	Page 1 of 2 EARS,
Judicial Council of Californi FL-105/GC-120 [Rev Janu	IIS BOX AND CREATE AN "AT	TACHMENT 3a" ANI	LIST THE ADDITIONAL A	ADDRESSES

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

C	ASE NAME: PETITIONE	ER'S <u>LAST</u> NAME VS	RESPONDENT'S <u>LAST</u> I	NAME	CASE NUMBER:	T CASE NUMBER
4.	Do you have information or custody or visitation  Yes No	proceeding, in Califo	u participated as a par ornia or elsewhere, coi copy of the orders if yo	ncerning a child	d subject to this procee	
	Proceeding	Case number (	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case
	a. Family  b. Probate Guardianship  c. Other  TELL THE COURT IF THERE IDEALS WITH THE CUSTODY CHILD(REN) IN THIS CASE. IF INFORMATION IN THIS SECT			Y AND/OR V . IF " <u>YES</u> ", C	ISITATION OF THE	
	Proceeding	Ca	se Number		Court (name, state	or tribe, location)
	d. Juvenile		P.C. Commission of the second			
	e. Adoption					
5.	One or more don	nestic violence restra following information,	aining/protective orders ):	s are now in eff	ect. (Attach a copy of	the orders if you have one
	Court	County	State or Tribe	Case	Number (if known)	Orders expire (date)
	a. Criminal				s.	
	b. Family	1	CHECK THIS BOX I LENCE RESTRAINII		1	
	c. Juvenile		MPLETE THE INFO			
	d. Other					
6.	Do you know of any pe or visitation with any ch a. Name and address of	nild in this case?	Yes Name and address	(If yes, prov	ide the following inform	s to have rights to custody of nation): address of person:
			THE COURT IF TH			s
	Has physical custody Claims custody rights Claims visitation rights Name of each child: Has physical custod Claims custody right Claims visitation right Name of each child:			rights	Claims	vsical custody custody rights visitation rights n child:
	Number of pages eclare under penalty of pages ate: TODAY'S DA	perjury under the law	vs of the State of Califo	ornia that the fo	regoing is true and co	rrect.
		IR NAME HERI			SIGN YOUR N	AME HERE
		OF DECLARANT)			(SIGNATURE OF E	,
	NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.					

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

CASE NAME:

PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME

CASE NUMBER:

COURT CASE NUMBER

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

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 OLDES	CHILD'S NAME	(Provide the child's current address ar	
				under Family Code section 3429, chec	k the box and
_		state of resident		d in item 2a on form FL-105/GC-120. (Ii	not the same.
		e information bel		2 III ROM 24 ON 10 III 1 2 100/00 120. (	not are carrie,
CHECK THIS		residence	Residence	Person child lived with (name and	
BOX IF THE		residence h/Year)	(City, State)	complete current address)	Relationship
CHILDREN		To present	CURRENT ADDRESS		RELATIONSHIP
HAVE BEEN	From:	'	FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	OF PERSON
LIVING AT THE SAME	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHIED	OF TERCON OFFICE CIVES WITH	TO CHILD
ADDRESSES			Confidential (list state only)	Confidential (list state only)	
ADDICESSES	From:	То:			
			IF THIS CHILD HAS NO	TDEEN	
			LIVING AT THE SAME AT		
	From:	То:	AS THE CHILD ABOVE, F	1	
			WHERE THE CHILD HAS		
	From:	То:	LIVING FOR THE PAST 5	1	
	i i i i i i i i i i i i i i i i i i i	10.			
	From:	То:			
3. b.	Name of child:	NEXT OLDES	T CHILD'S NAME	(Provide the child's current address ar	d their residence
J. D	history for the p	ast five vears. If		under Family Code section 3429, chec	
		state of residen		•	
7				d in item 2a on form FL-105/GC-120. <i>(li</i>	not the same,
	provide th	e information bel	low.)		
CHECK THIS	Dates of	residence	Residence	Person child lived with (name and	Relationship
BOX IF THE CHILDREN	(Mont	h/Year)	(City, State)	complete current address)	Relationship
HAVE BEEN	From:	To present	CURRENT ADDRESS	NAME & CURRENT ADDRESS	RELATIONSHIP
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD	OF PERSON CHILD LIVES WITH	OF PERSON TO CHILD
THE SAME	[WIW/DD/TTTT		Confidential (list state only)	Confidential (list state only)	10 OIIILD
ADDRESSES	From:	То:	Confidential (list state only)	Confidential (list state only)	
	FIOIII.	10.	IF THIS CHILD HAS NOT	PEEN	
			LIVING AT THE SAME AD	- 1	
	From:	To:	AS THE CHILD ABOVE, FI		
			WHERE THE CHILD HAS	1 1	
			LIVING FOR THE PAST 5	YEARS	
	From:	То:			
		_	<del>     </del>		
	From:	To:			
		<u> </u>	1		

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

CASE NAME:

PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME

CASE NUMBER:

COURT CASE NUMBER

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

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.

as needed t	o list all the child	dren. Number ea	ch ite	em and each page consecutive	ely, and at	ach all pages to form FL-105	/GC-120.
3. b	Name of child:	NEXT OLDEST	CH	IILD'S NAME current address is confidential	(Provide under Far	the child's current address an nily Code section 3429, chec	nd their residence k the box and
		state of residen					
>	Residence	e information is th	he sa	ame as given for the child liste	d in item 2	a on form FL-105/GC-120. ( <i>If</i>	not the same,
	provide th	e information bel	low.)				
CHECK THIS	Datas of	residence	Г	Residence	Porcon	hild lived with (name and	
BOX IF THE	1	h/Year)		(City, State)		olete current address)	Relationship
CHILDREN			<del>                                     </del>				DEL ATIONOLUD
HAVE BEEN	From:	To present		CURRENT ADDRESS		& CURRENT ADDRESS	RELATIONSHIP OF PERSON
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	L	FOR THE CHILD	OF PER	SON CHILD LIVES WITH	TO CHILD
THE SAME			_	Confidential (list state only)	Cor	fidential (list state only)	
ADDRESSES	From:	To:	-				
	1 10111.	10.					
				IF THIS CHILD HAS <u>NO</u>			
	From:	To:		LIVING AT THE SAME A		1	
				AS THE CHILD ABOVE,		•	
				WHERE THE CHILD HA			
	From:	To:		LIVING FOR THE PAST	5 YEARS		
	From:	To:					
					1	-	
	L		<u></u>		L		
3. b.	Name of child:	NEXT OLDES	T CI	IILD'S NAME	(Provide	the child's current address an	d their residence
				current address is confidential			
	provide only the	state of residen	ce.)				
7				ame as given for the child liste	d in item 2	a on form FL-105/GC-120. <i>(If</i>	not the same,
	provide th	e information bei	low.)				
CHECK THIS	Dates of	residence		Residence	Person o	hild lived with (name and	Deletienebie
BOX IF THE		h/Year)		(City, State)	1 '	olete current address)	Relationship
CHILDREN	From:	To present	17	CURRENT ADDRESS	NAME 8	CURRENT ADDRESS	RELATIONSHIP
HAVE BEEN			11	FOR THE CHILD		ON CHILD LIVES WITH	OF PERSON
LIVING AT THE SAME	MM/DD/YYYY	MM/DD/YYYY	╽┖	FOR THE CHILD			TO CHILD
ADDRESSES				Confidential (list state only)	Cor	fidential (list state only)	
ADDRESSES	From:	To:					
				IF THIS CHILD HAS NO	T BEEN		
				LIVING AT THE SAME A			
	From:	To:		AS THE CHILD ABOVE, F			
				WHERE THE CHILD HAS			
				LIVING FOR THE PAST 5	YEARS		
	From:	To:					
	From:	Tai	$\vdash$				
	From:	То:			1	1	
	L				1		Page of

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

	1 L-130
PARTY WITHOUT ATTORNEY OR ATTORNEY  NAME YOUR NAME	FOR COURT USE ONLY
FIRM YOUR ADDRESS	SAMPLE
CITY, CITY, STATE, ZIP CODE STATE: ZIP CODE:	ONLLY
TELEF YOUR TELEPHONE NUMBER FAX NO.:	ONLY
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	DO NOT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: Fresno County Superior Court  MAILING ADDRESS: CITY AND ZIP CODE: 1130 "O" Street	WRITE ON
BRANCH NAME: Fresno CA 93724-2220	THIS CODY!
PETITIONER: PARTY WHO INITIALLY OPENED CASE	THIS COPY!
RESPONDENT: THE OTHER PARTY	Surveyaning Country of the Country o
OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: COURT CASE NUMBER
Employment (Give information on your current job or, if you're unemployed, your most	recent job.)
a Employer	FILL OUT YOUR EMPLOYER'S
Attach copies of your pay b. Employer's address:	INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE
stubs for last   c. Employer's phone number:	INFORMATION FROM YOUR LAST
two months d. Occupation:	JOB AND WHEN YOUR JOB ENDED
(black out e. Date job started: Social f. If unemployed, date job ended:	(NAME OF EMPLOYER, ADDRESS,
Courity	PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)
numbers).   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 jobs. Write "Question 1—Other Jobs" at the top.)  2. Age and education  a. My age is (specify): YOUR AGE	JT YOUR G ANY DEGREES
	highest grade completed (specil GRADE FINISHED
	ed (specify): DEGREE EARNED
	ee(s) obtained (specify): DEGREE EARNED
e. I have: Licenses Earned (specify): Licenses Earned	
vocational training (specify): JOB TRAINING COMPLETED	FILL OUT YOUR INFORMATION FROM THE
3. Tax information ←	PAST YEAR YOU FILED
a. I last filed taxes for tax year (specify year):	TAXES. REMEMBER TO NOTE HOW YOU FILED
	d, filing separately (SINGLE, ETC.), WHERE
married, filing jointly with (specify name):	YOU FILED, (CA, ETC.)AND HOW MANY EXEMPTIONS
c. I file state tax returns in California other (specify state):	YOU CLAIMED (1, ETC.)
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 EA	RNS BEFORE TAXES? HOW DID YOU COME
(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-	
question number before your answer.) Number of pages attached:	Short of paper and mile the
I declare under penalty of perjury under the laws of the State of California that the information any attachments is true and correct.	on contained on all pages of this form and
Date: TODAY'S DATE	
	YOUR NAME HERE
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
	Page 1 of 4

PETITIONER: PARTY WHO INITIALLY OPENED CASE	E NUMBER:
RESPONDENT: THE OTHER PARTY	COURT CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:	
Attach copies of your pay stubs for the last two months and proof of any other income. Treturn to the court hearing. (Black out your Social Security number on the pay stub and to LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AR	tax return.) REA
<ol> <li>Income (For average monthly, add up all the income you received in each category in the la and divide the total by 12.)</li> </ol>	ast 12 months Average
a. Salary or wages (gross, before taxes)	Last month monthly  S IN THIS IN THIS
b. Overtime (gross, before taxes)	
c. Commissions or bonuses	LIST THE
d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving	\$ WHAT AVERAGE YOU AMOUNT
e. Spousal support from this marriage from a different marriage federa	ally taxable* \$ RECEIVED YOU
f. Partner support from this domestic partnership from a different domesti	
g. Pension/retirement fund payments	FROM I LASTIC
h. Social Security retirement (not SSI)	\$ EACH   MONTHS
i. Disability: Social Security (not SSI) State disability (SDI) Priva	1 17
j. Unemployment compensation	I ADDIJEO I-I TUAT
k. Workers' compensation	APPLIES
<ol> <li>Other (military allowances, royalty payments) (specify):</li> </ol>	\$
6. Investment income (Attach a schedule showing gross receipts less cash expenses for eac	
a. Dividends/interest	1
b. Rental property income.	AETED EVDENCES AND
c. Trust income	DEFURE TAKES, IN THIS
d. Other (specify):	<sup>⊅</sup> JAREA
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):	IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION AND ATTACH A TWO YEAR
Name of business (specify):	PROFIT & LOSS STATEMENT/SCHEDULE C
Type of business (specify):	FROM YOUR LAST FEDERAL TAX RETURN
Attach a profit and loss statement for the last two years or a Schedule C from your last Social Security number. If you have more than one business, provide the information	
8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in	the last 12 months (specify source and
	DNE-TIME SOURCE OF INCOME, (LOTTERY OF URECEIVED THE MONEY AND THE AMOUNT
9. <b>Change in income.</b> My financial situation has changed significantly over the last 12 m	
IF YOU HAD A MAJOR CHANGE IN INCOME IN THE PAST	
10. Deductions	Last month
a. Required union dues	1.122.001.1111
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	1 2/01/14
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	MONEY
d. Child support that I pay for children from other relationships	
e. Spousal support that I pay by court order from a different marriage federally tax d	1
f. Partner support that I pay by court order from a different domestic partnership	EDOMIAST
g. Necessary job-related expenses not reimbursed by my employer (attach explanation lab	month's
LIST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS 11. Assets	
a. Cash and checking accounts, savings, credit union, money market, and other deposit ac	CCOUNTS Total
b. Stocks, bonds, and other assets I could easily sell	
c. All other property, real and personal (estimate fair market value mi	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	inus the debts you owe)\_\$
* Check the box if the spousal support order or judgment was executed by the parties and the court before	

PETITIONER: PART	Y WHO INI	TIALLY OPENED CASE		CASE NUMBER:	
RESPONDENT: THE C	OTHER PAR	TY		COURT	CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:				<u> </u>	
2. The following people live with me:					
		How the person is	1 .	rson's gross	Pays some of the
Name	Age	related to me (ex: so	on) monthly	/ income	household expenses?
a. LIST ANYONE WHO I	IVES WITH	│ I YOU (INCLUDING CH	I D(REN) ROC	MATES	Yes No
FAMILY, ETC.), THEIR A	AGE, THEI	R RELATION TO YOU,	HOW MUCH TH	IEY MAKE	Yes No
d. BEFORE TAXES, AND	WHETHE	R THEY PAY ANY EXP	ENSES FOR TH	IE HOME	Yes No
e.					Yes No
<u> </u>					
3. Average monthly expenses	Estimated	expenses Ac	tual expenses	Propos	sed needs <u>CHECK C</u>
a. Home:		h.[	IST ALL OF	aning	\$
(1) Rent or mortgage	ge \$	YC	UR MONTHLY EXPENSES		\$ <u>/</u>
If mortgage:			ERE FOR THE		
(a) average principal: \$		_ / k. <u>_ r</u>	EMS LISTED	ifts, and vacation	\$
(b) average interest: \$		-/ \		and transportation	
(2) Real property taxes	9	''		, repairs, bus, etc.	
(3) Homeowner's or renter's insurance		∫ m. Ir	surance (life,	accident, etc.; do i health insurance)	not include \
(if not included above)		1		restments	
(4) Maintenance and repair			-	ributions	^
b. Health-care costs not paid by insurar		1		nts listed in item 1	
c. Child care		N		in 14 and insert tot	
d. Groceries and household supplies		1 d. U	ther (specify):		\$
e. Eating out	(		OTAL EYDEN	ISES (a–q) (do no	t add in
f. Utilities (gas, electric, water, trash)	3			a(1)(a) and (b))	\$
g. Telephone, cell phone, and e-mail	9	S A	mount of exp	enses paid by of	hers \$
		/ 1	ADD UP ALL	THE	//
. Installment payments and debts not li	etad ahov		ENSES YOU LI	OILD I OIL	VRITE HOW MUCH OF THE ENSES ARE PAID BY OTHE
	·		TOTAL TO PU		
Paid to	For		Amoun	t Balance	Date of last payment
LIST HERE ANY PA	YMENTS	/ YOU ARE MAKING FO	R VEHICLE LO	ANS. STUDENT LO	ANS.
MORTGAGES, CREDIT	CARDS, E	TC. AND THE NAME C	F THE COMPA	NY YOU ARE PAYI	NG. LIST
HOW MUCH YOU PA PAYMENT. ADD UP ALL		ONTH, WHAT IS STILL			
TATMENT, ADD OF ALL	T		\$	\$	
			\$	\$	
	1		Ψ		
			I &		1
			\$	\$	
	rod if a ill	r podu in rozu-tie	<u></u>		MPLETE SECTION
			ttorney fees):	ONLY COI	
a. To date, I have paid my attorney this	amount fo		ttorney fees):	ONLY COI	YOU HAD AN
<ul><li>a. To date, I have paid my attorney this</li><li>b. The source of this money was (specified)</li></ul>	amount fo	or fees and costs (spe	ttorney fees): cify): \$	ONLY COI 15. IF ATTORI	YOU HAD AN NEY AND WANT
<ul><li>b. The source of this money was (special</li><li>c. I still owe the following fees and cost</li></ul>	amount fo ify): s to my at	or fees and costs (spe	ttorney fees): cify): \$	ONLY COI 15. IF ATTORI	YOU HAD AN NEY AND WANT
<ul> <li>a. To date, I have paid my attorney this</li> <li>b. The source of this money was (specific).</li> <li>c. I still owe the following fees and cost</li> <li>d. My attorney's hourly rate is (specify):</li> </ul>	amount fo ify): s to my at	or fees and costs (spe	ttorney fees): cify): \$	ONLY COI 15. IF ATTORI THE OT	YOU HAD AN NEY AND WANT HER PARTY TO
<ul> <li>a. To date, I have paid my attorney this</li> <li>b. The source of this money was (specic.)</li> <li>c. I still owe the following fees and cost d. My attorney's hourly rate is (specify):</li> </ul>	amount foify): s to my at	or fees and costs (spectorney (specify total o	ttorney fees): cify): \$ wed): \$	ONLY COI 15. IF ATTORI THE OT PAY FOR	YOU HAD AN NEY AND WANT HER PARTY TO YOUR ATTORNE
<ul> <li>a. To date, I have paid my attorney this</li> <li>b. The source of this money was (specical still) owe the following fees and cost d. My attorney's hourly rate is (specify):</li> <li>confirm this fee arrangement.</li> </ul>	amount foify): s to my at	or fees and costs (spe	ttorney fees): cify): \$ wed): \$	ONLY COI 15. IF ATTORI THE OT PAY FOR	NEY AND WANT HER PARTY TO YOUR ATTORNE
a. To date, I have paid my attorney this b. The source of this money was (specic) c. I still owe the following fees and cost d. My attorney's hourly rate is (specify): confirm this fee arrangement.  DO NOT	amount for ify): s to my at	or fees and costs (spectorney (specify total o	ttorney fees): cify): \$ wed): \$	ONLY COI 15. IF ATTORI THE OT PAY FOR UNLESS	YOU HAD AN NEY AND WANT HER PARTY TO YOUR ATTORNE

FL-150 PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY **COURT CASE NUMBER** OTHER PARTY/PARENT/CLAIMANT: CHILD SUPPORT INFORMATION (NOTE: Fill out this page only if your case involves child support.) WRITE IN THE NUMBER OF MINOR CHILD(REN) YOU HAVE WITH THE OTHER 16. Number of children PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM a. I have (specify number): children under the age of 18 with the other parent in this case. b. The children spend percent of their time with me and percent of their time with the other parent. (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.) IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M 17. Children's health-care expenses l do have health insurance available to me for the children through my job. b. Name of insurance company: CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN c. Address of insurance company: IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS d. The monthly cost for the **children's** health insurance is or would be (specify): \$ (Do not include the amount your employer pays.) 18. Additional expense for the children in this case Amount per month a. Childcare so I can work or get job training.....\$ WRITE IN b. Children's health care not covered by insurance......\$ ANY OTHER Travel expenses for visitation.....\$ EXPENSES IF d. Children's educational or other special needs (specify below):......\$ IT APPLIES FILL IN ITEMS a. - c. AND DESCRIBE 19. **Special hardships.** I ask the court to consider the following special financial circumstances THE HARDSHIP BELOW (attach documentation of any item listed here, including court orders): Amount per month For how many months? a. Extraordinary health expenses not included in 18b..... b. Major losses not covered by insurance (examples: fire, theft, other insured loss)..... (1) Expenses for my minor children who are from other relationships and are living with me..... (2) Names and ages of those children (specify): (3) Child support I receive for those children..... The expenses listed in a, b, and c create an extreme financial hardship because (explain): **EXPLAIN WHY THESE EXPENSES CREATE** AN EXTREME FINANCIAL HARDSHIP 20. Other information I want the court to know concerning support in my case (specify): WRITE ANY INFORMATION HERE YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS CASE

	FL-33
ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address).	FOR COURT USE ONLY
YOUR NAME	SAMPLE
YOUR ADDRESS	
	ONLY
CITY, STATE, ZIP CODE	DONOT
YOUR TELEPHONE NUMBER	DO NOT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	VA/DITE ON
STREET ADDRESS: Fresno County Superior Court	WRITE ON
MAILING ADDRESS: 1130 "O" Street	THIS CODY!
CITY AND ZIP CODE: Fresno CA 93724-2220	THIS COPY!
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
TETHIOREIO BARTINI I PARTI WITO INTIALLET OF LINED GAGE	COURT CASE NUMBER
RESPONDENT/DEFENDANT: THE OTHER PARTY	The second secon
	(If applicable, provide):  HEARING DATE:
OTHER PARENT/PARTY:	HEARING DATE.
PROOF OF PERSONAL SERVICE	DEPT.:
c. Address: ADDRESS WHERE DOCUMENTS WERE SERVED  CHECK ONE BOX  5. I am	XACT TIME THE RS WERE HANDED TO THER PARTY (AM/PM)  om registration under Business & Profession
<ul> <li>b.  a registered California process server.</li> <li>c.  an employee or independent contractor of a registered California process server.</li> </ul> Code sect <ul> <li>e.  a California</li> </ul>	tion 22350(b). ia sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registrat  SERVER'S NAME SERVER'S STREET ADDRESS SERVER'S CITY, STATE, AND ZIP CODE  CHECK EITHER BOX 7 OR 8	non and number ( <i>specny).</i>
7. Declare under penalty of perjury under the laws of the State of California th 8. I am a California sheriff or marshal and I certify that the foregoing is true an Date: DATE SERVER SIGNS	
SERVER PRINTS THEIR NAME HERE	SERVER SIGNS HERE
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)	(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

# BLANK FORMS

(To be Completed)

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COU	NTY OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
DIVITORITY WILL		-
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		
		CASE NUMBER:
REQUEST FOR ORDER CHA	ANGE TEMPORARY EMERGENCY ORDERS	CASE NOWBER.
Child Custody Visitation	on (Parenting Time) Spousal or Partner Support	
Child Support Property	y Control Attorney's Fees and Costs	
Other (specify):		
Uniter (specify).		
	for information about how to complete this form. To ask to straining Order After Hearing (form DV-130 or JV-255), rea	
DV-300-INFO.	straining Graci Attor Floating (10111 DV 100 of 0V 200), 100	ad form <u>i E dod irai d</u> and form
<u>DV 300 HVI C</u> .	NOTICE OF HEARING	
	NOTICE OF TILAKING	
1. TO (name(s)):		
Petitioner	Respondent Other Parent/Party Other	(specify):
	, •	(
2. A COURT HEARING WILL BE HELD	D AS EOLLOWS:	
Z. A COOK! HEAKING WILL BE HELL	DASTOLLOWS.	
a. Date:	Time: Dept.:	Room.:
		Room
b. Address of court same as	noted above other (specify):	
not file a Responsive Declaration to F	th the Request for Order: The court may make the request for Order (form FL-320), serve a copy on the other as ordered a shorter period of time), and appear at the he	r parties at least nine court days
more information.)		
It is ordered that:	COURT ORDER (FOR COURT USE ONLY)	·
4. Time for service	until the hearing is shortened. Service must be on or	hefore (data):
5. A Responsive Declaration to Re	equest for Order (form FL-320) must be served on or befo	re (date):
6. The parties must attend an app (specify date, time, and location	ointment for child custody mediation or child custody reco	mmending counseling as follows
7. The orders in <i>Temporary Emergorary</i> served with all documents filed	gency (Ex Parte) Orders (form FL-305) apply to this proce with this Request for Order.	eding and must be personally
8. Other (specify):		
o ottlet (specity).		
Date:		JUDICIAL OFFICER
		ODIONE OF FOLK

PETITIONER:	CASE NUMBER:
RESPONDENT: OTHER PARENT/PARTY:	
	D
REQUEST FOR ORDE	K
<b>Note</b> : Place a mark $X$ in front of the box that applies to your case or to your "Attachment." For example, mark "Attachment 2a" to indicate that the list of chi attached to this form. Then, on a sheet of paper, list each attachment number your name, case number, and "FL-300" as a title. (You may use <i>Attached Decidence</i> )	ildren's names and birth dates continues on a paper followed by your request. At the top of the paper, write
1. RESTRAINING ORDER INFORMATION One or more domestic violence restraining/protective orders are now in Petitioner Respondent Other Parent/Party (A The orders are from the following court or courts (specify county and s	Attach a copy of the orders if you have one.)
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):
	I request temporary emergency orders specify):  ody to (person who Physical Custody to (person with whom child lives):
b. The orders I request for child custody visitation  (1) Specified in the attached forms:  Form FL-305 Form FL-311  Form FL-341(D) Form FL-341(E)  (2) As follows (specify):	Attachment 2a.  on (parenting time) are:  Form FL-312 Form FL-341(C)  Other (specify):  Attachment 2b.
c. The orders that I request are in the best interest of the children bed	cause (specify):  Attachment 2c.

			IONER: NDENT:	CASE NUMBER:
OTHER				
2.	d.		This is a change from the current order for child custody (1) The order for legal or physical custody was filed on (date):	visitation (parenting time).  . The court ordered (specify):
			(2) The visitation (parenting time) order was filed on (date):	. The court ordered (specify):
3.	(N	ote: Ar	UPPORT n earnings assignment may be issued. See <i>Income Withholding for Supp</i> nest that the court order child support as follows:  Child's name and age  based on the child supp	
	b.	The o	I want to change a current court order for child support filed on (date): court ordered child support as follows (specify):	Attachment 3a.
	C.	a cur	e completed and filed with this <i>Request for Order</i> a current <i>Income and</i> rent <i>Financial Statement (Simplified)</i> (form FL-155) because I meet the income and the current beautiful and the current because of the current because o	requirements to file form FL-155.
	u.	THE C	court should make or change the support orders because (specify):	Attachment 3d.
4.	(No a. b.	I have	L OR DOMESTIC PARTNER SUPPORT  A Earnings Assignment Order for Spousal or Partner Support (form FL-4)  Amount requested (monthly): \$  I want the court to change end the current support  The court ordered \$ per month for support.  This request is to modify (change) spousal or partner support after entily have completed and attached Spousal or Partner Support Declaration that addresses the same factors covered in form FL-157.  The completed and filed a current Income and Expense Declaration (form becount should should make, change, or end the support orders because (state).	order filed on <i>(date):</i> ry of a judgment.  n <i>Attachment</i> (form <u>FL-157</u> ) or a declaration <u>FL-150</u> ) in support of my request.

						FL-300
			ETITIONER:		CASE NUMBER:	
ОТ	HER		SPONDENT: ENT/PARTY:			
01	1121					
5.			PERTY CONTROL	[		ry emergency orders
		a.			exclusive temporary u	se, possession, and
			control of the following property that we own or are buying	leas	se or rent (specify):	
		b.	The petitioner respondent other parent/party be	e ordere	ed to make the following	g payments on debts
			and liens coming due while the order is in effect:			
			Pay to: For: An			
						ate:
			Pay to:An			
			Pay to:An	nount: \$	5Due d	ate:
		C.	This is a change from the current order for property control filed	on (date	۵)،	
		d.	Specify in <u>Attachment 5d</u> the reasons why the court should make or ch	,	,	are
		u.	specify in Attachment on the reasons why the court should make of cr	iange u	le property control orde	13.
6.			ORNEY'S FEES AND COSTS			
			uest attorney's fees and costs, which total (specify amount):\$		. I filed the following to	support my request:
			current <i>Income and Expense Declaration</i> (form <u>FL-150</u> ).			
		b.	A Request for Attorney's Fees and Costs Attachment (form <u>FL-319</u> ) or	a decla	ration that addresses th	ne factors covered
		C	n that form. A Supporting Declaration for Attorney's Fees and Costs Attachment (fo	orm El	159) or a doctoration th	at addrassas the
		О.	actors covered in that form.	ЛП <u>ГL-</u>	156) of a declaration the	at addresses the
7.		Ο.	HER ORDERS REQUESTED (specify):		Г	Attachment 7.
		Ū	in the read of the control of the co		L	Attacriment 1.
8.		TII	FOR SERVICE / TIME UNTIL HEARING I urgently need:			
0.		a.		court da	ys before the hearing.	
		b.	The hearing date and service of the the Request for Order to be			
		C.	need the order because (specify):		Г	Attachment 8.
			(opening).			/ KKGOIIII OK O.
^	,	_				
9.			CTS TO SUPPORT the orders I request are listed below. The facts that	ıt I write	in support and attach t	o this request  Attachment 9.
		Co	not be longer than 10 pages, unless the court gives me permission.		L	7 ttuoriment o.
I de	clare	unc	r penalty of perjury under the laws of the State of California that the in	formatio	on provided in this form	and all attachments
	ue an				,	
Date	e:					
			(TVDE OD DDINT NAME)			
			(TYPE OR PRINT NAME)		(SIGNATURE OF APPLICA	NT)

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 <a href="https://www.courts.ca.gov/forms">www.courts.ca.gov/forms</a> for Request for Accommodations by Persons With Disabilities and Response (form <a href="https://www.courts.ca.gov/forms">MC-410</a>). (Civ. Code, § 54.8.)

PLAINTIFF/PETITI	ONER:		CASE NUMBER:		
FENDANT/RESPO	NDENT:				
	DE	CLARATION			
¥	(This form must be attached to another to	form or court paper be	fore it can be filed in court.)		
			•		

(TYPE OR PRINT NAME)

Attorney for

Respondent

Defendant

(SIGNATURE OF DECLARANT)

Other (Specify):

Plaintiff

Petitioner

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

I declare under penalty of perjury under the laws of the State of California.	ornia that the foregoing is true and correct.
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
	Attorney for Plaintiff Petitioner Defendant Respondent Other (Specify):

ATTO	RNEY OR PARTY WIT	THOUT ATTORNEY	STATE BAI	R NUMBER:		FOR COUR	RT USE ONLY
NAME							
FIRM	NAME:						
STREE	ET ADDRESS:						
CITY:			STATE:	ZIP CODE:			
TELEF	HONE NO.:		FAX NO.:				
	ADDRESS:						
	RNEY FOR (name):						
		OF CALIFORNIA CO	NINTY OF				
1		OF CALIFORNIA, CO	DUNIT OF				
l	EET ADDRESS:						
	NG ADDRESS:						
	ND ZIP CODE:						
В	RANCH NAME:						
	•	ection applies to ca	ises other than proba	te guardiansh	ips.)		
1	PETITIONER:						
RI	ESPONDENT:						
1	THER PARTY:						
CHIL	`	enile cases only):			1		
0114			only to probate guardia	ansnip cases.	)	CASE NUMBER:	
GUA	RDIANSHIP OF	(name):			Mino	ar l	
						"	
			ER UNIFORM CHI				
	JURI	SDICTION AND	ENFORCEMENT A	CT (UCCJE	<b>A</b> )		
		. [	(I. '	- 4	1 £1-:1-1	41	
1. 1	am (check one	e): a party to	this proceeding to de				presentative of the
				agency, whi	ch is a party to	this proceeding to deter	mine custody of a child.
2. T	here are (spec	rify number):	minor children v	vho are subje	ct to this proce	eding, as follows (list old	lest child first):
Г		Full Name		T	of birth	Place of birth (	
-		ruii Name		Date	וו טוו נוו	Flace of biltin (	city and state)
l	а.						
l.	).						
Ľ	J.						
	<b>.</b>						
l,	1						
L	d. 			L			
						te piece of paper, write "l	
	Additional	Children" at the top	o, provide all requeste	ed information	for each addi	tional child, and attach to	this form.)
3. a	Check	this box if there is	only one child or if all	of the childre	n listed in item	2 have lived together for	r the past five years.
o. u						tory for the past <b>five yea</b>	
	address is o	onfidential under E	ine chila listea in iteli emily Code section 32	12a anu men 120 check the	hov and prov	ride only the state of residence	dence )
							T
		of residence	Residen		1	child lived with and	Relationship
	· · · · · · · · · · · · · · · · · · ·	onth/Year)	(City, Sta	ate)	Comple	te current address	
	From:	To present					
			Confidential (lis	st state only)	Confide	ential (list state only)	
	From:	To:					
	From:	To:					
	From:	To:					
	1	1.2.					
	From:	To:					
	1 10111.	10.					
			listed on Attackers 1	20 /5	2 020	upod for this number 1	
	The state of the s					used for this purpose.)	
b						lived together for the pas	
	form F	L-105(A)/GC-120(A	A) and list each other	child's curren	t address and	their residence history fo	
							Page 1 of 2

									FL	-105/GC-120
CA	E NAME:						CASE NUMBER:			
	Do you have information or custody or visitation p	proceeding, in Ca	ilifori		nceri	ning a child	subje	ct to this procee	eding?	er court case
	Proceeding	Case number	(na	Court ame, state or tribe, location)		ourt order judgment <i>(date)</i>	Nam	e of each child	Your connection to the case	Case status
	a. Family									
	b. Probate Guardianship									
	c. Other									
	Proceeding	(	Case	Number			Сог	ırt <i>(name, state</i>	or tribe, location	1)
	d. Juvenile									
	e Adoption									
5.	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):				ı have one					
	Court	County		State or Tribe		Case I	Numbe	er (if known)	Orders exp	oire (date)
	a. Criminal									
	b. Family									
	c. Juvenile									
	d. Other									
	6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? Yes No (If yes, provide the following information):									
	a. Name and address o	n person.		o. Name and addres	s or p	person.	,	c. Name and	address of pers	on.
	Has physical custody Claims custody rights Claims visitation rights		]	Has physical custody Claims custody rights Claims visitation rights		Has physical custody Claims custody rights Claims visitation rights				
	Name of each child:  Name of each child:					Name of each	n child:			
7.	Number of pages	attached:							-	
	eclare under penalty of p	PA	- lawe	of the State of Califo	ornia	that the fo	reanin	a is true and co	rrect	
Dat		onjury under the	iaws	of the State of Callit	Jiilla	mai ine 10	reguiii	g is true and co		
					)	•				
	(NAME C	OF DECLARANT)			<u>-</u>			(SIGNATURE OF E	DECLARANT)	

Page 2 of 2

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

FL-1	05(A	)/GC	-120(	A)
------	------	------	-------	----

CASE NAM	ле:			CASE NUMBER:	
Instructio	ns: If all the ch	ildren subject to the	ATTACHMENT TO M CHILD CUSTODY JURISDIC To proceeding have not lived togeth To the consecutive the child in the ch	CTION AND ENFORCEME er for the last five years, use a	s many copies of this form
3. b	Name of child history for the provide only to Resider	l: e past <b>five years.</b> If the state of residen	the current address is confidentiace.) ne same as given for the child liste	(Provide the child's current a I under Family Code section 3-	ddress and their residence 429, check the box and
		of residence nth/Year)	Residence (City, State)	Person child lived with (na complete current addre	
	From:	To present	Confidential (list state only)	Confidential (list state onl	V)
	From:	То:			
	From:	To:	4.00		
	From:	To:			
	From:	То:			
3. b	provide only t	past <b>five years.</b> If the state of residen	ne same as given for the child liste		429, check the box and
	1	of residence nth/Year)	Residence (City, State)	Person child lived with (na complete current addre	
	From:	To present	Confidential (list state only)	Confidential (list state onl	y)
	From:	То:			
	From:	То:			
	From:	То:			
	From:	То:			

EI.	105	/ / \	/GC-	120	(۸)
Lr.	• เบว	(A)	/GC-	LZU	(A)

CASE NAM	1E:			CASE NUMBER:	
Instructio	ns: If all the ci	children subject to the	e proceeding have not lived togeth	CTION AND ENFORCEMENT ACT er for the last five years, use as many of yely, and attach all pages to form FL-10	copies of this form
3. b	provide only Reside	ne past <b>five years.</b> It v the state of residen	<i>ice.)</i> he same as given for the child liste	(Provide the child's current address a I under Family Code section 3429, che ed in item 2a on form FL-105/GC-120. (	ck the box and
	1	of residence onth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present			
			Confidential (list state only)	Confidential (list state only)	
	From:	То:			
	From:	То:			
	From:	То:			
	From:	То:			
3. b	provide only Reside	ne past <b>five years.</b> If the state of residen	<i>ice.)</i> he same as given for the child liste	(Provide the child's current address a I under Family Code section 3429, che ed in item 2a on form FL-105/GÇ-120. (	ck the box and
		of residence onth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present	Confidential (list state only)	Confidential (list state only)	
	From:	То:			
	From:	То:			
	From:	То:			
	From:	То:			

of

		rL-130
PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:	OTATE: ZID CODE:	
CITY: TELEPHONE NO.:	STATE: ZIP CODE:  FAX NO.:	
E-MAIL ADDRESS:	TACKO	
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EVEN	IOE DECL ADATION	CASE NUMBER:
INCOME AND EXPEN	15E DECLARATION	
4. Franksyment (Cive information on your o	vurrant ich ar if vaulra unamplavad vaurn	neat recent ich )
-	rurrent job or, if you're unemployed, your n	rost recent job.)
Attach copies b. Employer's address:		
Of your pay	or.	
otabo for labt	zi.	
(black out e. Date job started: Social f. If unemployed, date job e	and a de	
Socurity		
g. Twork about	hours per week.	norwook norhour
γ II. T get pald ψ	gross (before taxes) per month	per week per hour.
(If you have more than one job, attach an bigods. Write "Question 1—Other Jobs" at the	3 1/2-by-11-inch sheet of paper and list ne top.)	the same information as above for your other
2. Age and education		
a. My age is (specify):		
b. I have completed high school or the e	quivalent: Yes No If	f no, highest grade completed <i>(specify):</i>
c. Number of years of college completed		tained (specify):
d. Number of years of graduate school c		Degree(s) obtained (specify):
	onal license(s) (specify):	rogroo(o) obtained (opcony).
-		
vocational training (sp	Decity).	
3. Tax information		
a. I last filed taxes for tax year <i>(sp</i>		
b. My tax filing status is single	head of household m	arried, filing separately
married, filing jointly with (special	fy name):	
c. I file state tax returns in Cali	fornia other (specify state):	
d. I claim the following number of exemp	otions (including myself) on my taxes (spec	cify):
·		
4. Other party's income. I estimate the gro	ss monthly income (before taxes) of the of	ther party in this case at (spechy). \$
This estimate is based on (explain):		
(If you need more space to answer any qu question number before your answer.)		-11-inch sheet of paper and write the
I declare under penalty of perjury under the la any attachments is true and correct.	aws of the State of California that the infor	mation contained on all pages of this form and
Date:		
	•	
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

FL-150 CASE NUMBER: PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT: 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 Average and divide the total by 12.) Last month monthly a. Salary or wages (gross, before taxes)..... b. Overtime (gross, before taxes)..... d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving ......\$ e. Spousal support from this marriage from a different marriage federally taxable\* \$ f. Partner support from this domestic partnership from a different domestic partnership \$ g. Pension/retirement fund payments.....\$ h. Social Security retirement (not SSI)......\$ i. Disability: Social Security (not SSI) State disability (SDI) Private insurance \$ 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.....\$ 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): Change in income. My financial situation has changed significantly over the last 12 months because (specify): 10. Deductions a. Required union dues......\$ b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....\$ c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....\$ d. Child support that I pay for children from other relationships......\$ e. Spousal support that I pay by court order from a different marriage \_\_\_\_\_ federally tax deductible\*.....\$ 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")........\$

\* 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.

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts......\$
b. Stocks, bonds, and other assets I could easily sell.....\$
c. All other property, real and personal (estimate fair market value minus the debts you owe).....\$

11. Assets

FL-150

PETITIONER:			C	ASE NUMBER:	
RESPONDENT:					
OTHER PARTY/PARENT/CLAIMANT:					
12. The following people live with me:					
Name	Age	How the person is related to me (ex: son)	That perso		Pays some of the household expenses?
a. b. c. d. e.			,		Yes No
13. Average monthly expenses	stimated	expenses Actual e	expenses	Propo	sed needs
If mortgage:  (a) average principal: \$	ce	i. Clothes   j. Educat   k. Enterta   l. Auto ex   (insurar auto, hr s   n. Saving   s   o. Charita   p. Monthly (itemize   s   q. Other ( s   s   r. TOTAL   the am   s   s. Amour	ioninment, gift spenses and investing payments a below in 1 specify):  EXPENSE counts in a (1)	cident, etc.; do l alth insurance).	\$
14. Installment payments and debts not list Paid to	sted abo	ve	Amount	Balance	Date of last payment
1 ald to	1 01		\$	\$	Date of last paymont
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
<ul> <li>15. Attorney fees (This information is required)</li> <li>a. To date, I have paid my attorney this b. The source of this money was (specific)</li> <li>c. I still owe the following fees and costs d. My attorney's hourly rate is (specify):</li> <li>I confirm this fee arrangement.</li> </ul>	amount f <del>y</del> ):	or fees and costs (specify):	\$		
Date:		•			
(TYPE OR PRINT NAME OF ATTORNEY)				(SIGNATURE O	FATTORNEY)

FL-150	ļ
--------	---

	1 2-100
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

(NOTE: Fill out this page only if your case invo		
16. Number of children		
	e of 18 with the other pare	ent in this case.
b. The children spend percent of their time with me and (If you're not sure about percentage or it has not been agreed on, please des	percent of their time	e with the other parent.
17. Children's health-care expenses  a. I do I do not have health insurance available to me for the b. Name of insurance company:  c. Address of insurance company:	he children through my job	).
d. The monthly cost for the <b>children's</b> 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 me	onth
a. Childcare so I can work or get job training	\$	region real-residence residence
b. Children's health care not covered by insurance		
c. Travel expenses for visitation	***************************************	
d. Children's educational or other special needs (specify below):	\$	
<ul> <li>19. Special hardships. I ask the court to consider the following special financial circ (attach documentation of any item listed here, including court orders):</li> <li>a. Extraordinary health expenses not included in 18b</li></ul>	Amount per month	For how many months?
insured loss)	\$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
(2) Names and ages of those children (specify):		
(3) Child support I receive for those children	\$	
The expenses listed in a, b, and c create an extreme financial hardship because 20. Other information I want the court to know concerning support in my case	, ,	

	555
ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME: PETITIONER/PLAINTIFF:	CASE NUMBER:
	5.62 Non.52N
RESPONDENT/DEFENDANT:	(If applicable, provide):
	HEARING DATE:
OTHER PARENT/PARTY:	HEARING TIME:
PROOF OF PERSONAL SERVICE	DEPT.:
<ol> <li>I am at least 18 years old, not a party to this action, and not a protected person listed in a</li> <li>Person served (name):</li> </ol>	any of the orders.
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. lam	tuatian undan Duningas 9 Dunfassian
<ul> <li>a. Inot a registered California process server.</li> <li>b. a registered California process server.</li> <li>code section 2235</li> </ul>	tration under Business & Profession
c. an employee or independent contractor of a e. a California sheriff	• •
registered California process server.	
6. My name, address, and telephone number, and, if applicable, county of registration and	number (anacify):
o. My hame, address, and telephone humber, and, it applicable, county of registration and t	number (specify).
7.   I declare under penalty of perjury under the laws of the State of California that the fo	oregoing is true and correct.
8.	t.
D. I.	
Date:	
<b>&gt;</b>	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNA	TURE OF PERSON WHO SERVED THE PAPERS)

Page 1 of 1



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

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:		FOR COURT USE ONLY
NAME: FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP C	ODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUN	TY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARENT/PARTY:			
RESPONSIVE DECLAR	ATION TO REQUEST FO	OR ORDER	CASE NUMBER:
HEARING DATE:	TIME: DE	EPARTMENT OR ROOM:	
Read Information Sheet: Responsive	Declaration to Request for	Order (form FL-320-IN	NFO) for more information about this form.
4 DECEDAINING OPPED INCOR	MATION		
1. RESTRAINING ORDER INFOR		any in offeet between	the parties in this case
a. No domestic violence restra			now in effect between the parties in this case.
b I agree that one or more don	lestic violence restraining/p	indiective diders are i	low in effect between the parties in this case.
2. CHILD CUSTODY	=\		
VISITATION (PARENTING TIMI			
a. I consent to the order reques			/).
b. I consent to the order reques			
c. I do not consent to the order		child custody	visitation (parenting time)
but I consent to the fol	lowing order:		
	•		
3. CHILD SUPPORT			
a. I have completed and filed a currer			<u>0</u> ) or, if eligible, a current <i>Financial</i>
Statement (Simplified) (form FL-15		e declaration.	
b. I consent to the order reques			
c. I consent to guideline suppo			t
d. I do not consent to the order	requested but I cons	sent to the following	order:
4 DOUGAL OF POMESTIC PAS	THED CHODODT		
4. SPOUSAL OR DOMESTIC PAR		elevation (forms El. 45)	) to our port my roop or sive dealersties
I have completed and filed a currer	it income and Expense Dec	ciaration (form <u>FL-150</u>	<u>0</u> ) to support my responsive declaration.
b. I consent to the order reques	sted.		
c. I do not consent to the order	requested but I con-	sent to the following	order:

FL-320 CASE NUMBER: PETITIONER: RESPONDENT: OTHER PARENT/PARTY: ☐ 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 <u>FL-150</u>) 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. I consent to the order requested. I do not consent to the order requested but I consent to the following order: 7. OTHER ORDERS REQUESTED I consent to the order requested. 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: 〗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.

(TYPE OR PRINT NAME)

Date:

	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
-	-	
	TELEPHONE NO.: FAX NO. (Optional):	
E	:-MAIL ADDRESS (Optional):	
	ATTORNEY FOR (Name):	
	SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
	STREET ADDRESS:	
	MAILING ADDRESS:	
	CITY AND ZIP CODE:	
-	PETITIONER/PLAINTIFF:	CASE NUMBER:
	PETITIONER/PLAINTIFF.	CASE NUMBER.
F	RESPONDENT/DEFENDANT:	
		(If applicable, provide):
	OTHER PARENT/PARTY:	HEARING DATE:
	PROOF OF SERVICE BY MAIL	HEARING TIME:
L		DEPT.:
NC	OTICE: To serve temporary restraining orders you must use personal service (see fo	rm 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 place.	d in the county where the mailing took
2.	My residence or business address is:	
	,	
2	Learned a copy of the following decuments (enecify):	
Э.	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 process of the	
	b. placing the envelope for collection and mailing on the date and at the place sho business practices. I am readily familiar with this business's practice for collecting	
	mailing. On the same day that correspondence is placed for collection and maili	
	business with the United States Postal Service in a sealed envelope with postag	
4		
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
٥.	address verification declaration. (Declaration Regarding Address Verification—Post)	
	Custody, Visitation, or Child Support Order (form FL-334) may be used for this purp	
6.	I declare under penalty of perjury under the laws of the State of California that the forego	ing is true and correct.
_		
Da	ite:	
	(TYPE OR PRINT NAME) (SIGNAT	URE OF PERSON COMPLETING THIS FORM) Page 1 of 1

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