Instructions for Responding to Request for Order

WHEN TO USE THIS PACKET

Use this packet if you want to respond to "Request for Order" paperwork that was served on you. If you have an existing case, the Petitioner and Respondent never change; the Petitioner is the person who started the case in the beginning and will remain as the petitioner.

There is a filing fee to file the enclosed forms, unless you are eligible for a "Fee Waiver" which is available as a separate packet.

STEPS TO RESPOND:

1.	The following forms in this packet are to be completed. Please re INFO to know which exact forms you will need in your case.	fer to FL-320
	into to know which exact forms you will need in your case.	
	\square Responsive Declaration to Request for Order	FL-320
	☐ Attached Declaration	MC-031
	☐ Declaration under Uniform Child Custody Jurisdiction Act	FL-105
	☐ Income and 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 the other party. The original is for the court.
- 3. One copy of the forms will need to be served to the other parent.
- 4. The server must complete and sign the "Proof of Service by Mail."
- 5. File your Responsive Declaration paperwork and the proof of service.

NOTE: You have a certain amount of days to respond to the other party's request. You can check for the specific time frame on page 1 of FL-300 that was served to you.

Revised 1/15/2025

FL-320-INFO

Information Sheet: Responsive Declaration to Request for Order

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

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

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

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

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

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

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* (form <u>FL-300</u>) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* (form <u>DV-100</u>). Instead, you must use *Response to Request for Domestic Restraining Order* (form <u>DV-120</u>).
- Respond to *Request to Change or End Restraining Order* (form <u>DV-300</u> or form <u>JV-255</u> when the juvenile case is closed and the order was granted under the Domestic Violence Prevention Act). Instead, you must use *Response to Request to End or Change Restraining Order* (form <u>DV-320</u>).

4 Forms checklist

a. Form <u>FL-320</u>, *Responsive Declaration to Request for Order*, is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.

	requests made in the Request for Order (form FL-300), you may need other forms.
b.	For child custody or visitation (parenting time) orders, you may need to complete some of these forms:
	☐ FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act
	☐ FL-311, Child Custody and Visitation (Parenting Time) Application Attachment
	☐ <u>FL-312</u> , 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.	For child support, you need:
	A current form <u>FL-150</u> , <i>Income and Expense Declaration</i> . You may use form <u>FL-155</u> , <i>Financial Statement</i>
	(Simplified), instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
	Notice: • The court will order child support based on the income of the parents.
	• Child support normally continues until the child is 18 years and has graduated from high school.
	• You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
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a.	For spousal or domestic partner support or orders about your finances, you need these forms:
	☐ <u>FL-150</u> , Income and Expense Declaration ☐ <u>FL-157</u> , Spousal or Partner Support Declaration Attachment (if the request is to change a support judgment)
e.	For attorney's fees and costs, you need these forms (except in Domestic Violence Prevention Act cases):
	FL-150, Income and Expense Declaration
	FL-158, Supporting Declaration for Attorney's Fees and Costs (or provide the information in a declaration) FL-319, Request for Attorney's Fees and Costs Attachment (or provide the information in a declaration)
c	
f.	If you plan on having witnesses testify at the hearing, you need this form:
	FL-321, Witness List



FL-320-INFO

Information Sheet: Responsive Declaration to Request for Order

To respond to a Request for Order, you must:

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

(6) Specify a response to orders requested

Items 1–8: Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: You may file one form FL-150 to respond to items 3, 4, and 6.*

Item 9: Use the space to explain your responses to items 1–8. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

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

(7) Next steps: file or serve your paperwork

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

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

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

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8 Pay filing fees

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

If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file form <u>FW-001</u>, *Request to Waive Court Fees*, and form <u>FW-003</u>, *Order on Court Fee Waiver*.

9 Serve your papers on the other party

"Service" is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you want the court to make. Note: If a party has a lawyer in the case, the papers should be served on that party's lawyer.



FL-320-INFO

Information Sheet: Responsive Declaration to Request for Order

(10) How to "serve"

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

Personal service.

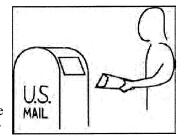
Your papers may be served by "personal service." Personal service means that



your server walks up to each person to be served, makes sure they are the right person, and then gives a copy of all the papers to each person.

Service by mail.

"Service by mail" means that your server places copies of all the documents in a sealed envelope and mails them to the address of each party



being served (or to the party's lawyer, if applicable.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.

(11) Deadline for service

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

(12) Server must complete a *Proof of Service*After personal service, the server should complete a form <u>FL-330</u>, *Proof of Personal Service*. Form <u>FL-330-INFO</u>, *Information Sheet for Proof of Personal Service*, has instructions to help the person complete the form.

After service by mail, the server should complete form <u>FL-335</u>, *Proof of Service by Mail*. Form <u>FL-335-INFO</u>, *Information Sheet for Proof of Service by Mail*, has instructions to help the person complete the form.

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

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

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

Participate in child custody mediation or child custody recommending counseling

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

(15) Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for the hearing at www.courts.ca.gov/1094.htm.

(16) Still have questions or need help?

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to www.courts.ca.gov/1083.htm/.
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at <u>calbar. ca.gov</u>, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to <u>lawhelpcalifornia.org</u>.

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				FL-320
PARTY WITHOUT ATTO	RNEY OR ATTORNEY	STATE BAR NUMBER:		FOR COURT USE ONLY
FIRM NAME STREET AD CITY: YOUR	ADDRESS	STATE: ZIP CODE	E:	SAMPLE
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MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	1130 "O" Street Fresno CA 93724-2220			WRITE ON
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	RING DATE: TIME:		RTMENT OR ROOM:	COURT CASE NUMBER
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RESPONDENT: THE OTHER PARTY	COURT CASE NUMBER
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WITH WHAT THE OTHER	R PARTY HAS REQUESTED
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8. TIME FOR SERVICE / TIME UNTIL HEARING	
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ALSO IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH FOR	RIVI IVIC-US I
I declare under penalty of perjury under the laws of the State of California that the info	rmation provided in this form and all attachments
is true and correct.	
Date: TODAY'S DATE	
PRINT YOUR NAME HERE	SIGN YOUR NAME HERE
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

PLAINTIFF/PETITIONER:
DEFENDANT/RESPONDENT:

PARTY WHO INITIALLY OPENED CASE
THE OTHER PARTY

CASE NUMBER:

COURT CASE NUMBER

DECLARATION

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

BRIEFLY EXPLAIN YOUR REQUEST BASED ON WHAT BOX YOU CHECKED ON THE FL-320

I declare under penalty of perjury under the laws of the State of Califo Date: TODAY'S DATE	ornia that the foregoing is true and correct.
PRINT YOUR NAME HERE (TYPE OR PRINT NAME)	SIGN YOUR NAME HERE (SIGNATURE OF DECLARANT)
	Attorney for Plaintiff Petitioner Defendant Respondent Other (Specify):

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNE	FC	OR COURT USE ONLY		
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c. NEXT OLDEST C		MM/DD/YYYY	CITY & STATE W	WHERE CHILD WAS BORN
d. NEXT OLDEST C	HILD'S NAME	MM/DD/YYYY	CITY & STATE V	WHERE CHILD WAS BORN
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Dates of residence (Month/Year)		nce Pers	on child lived with ar	Relationship
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MM/DD/YYYY MM/DD	FOR THE Confidential (li		RSON CHILD LIVES W nfidential (list state only)	OF PERSON TO CHILD
From: To:	THE CHI	LD'S		
F MM/DD/YYYY T MM/DD	ADDRES		AME & CURRENT	H PELATIONS III
THAT CHILD THAT C	ED FOR THE		DRESS OF PERSOI	ULU OF PERSON U
F LIVING T LIVING AT EACH	H	1 1 7	LD LIVED WITH FO PAST FIVE YEARS	R TO CHILD
ADDRESS ADDRE	BOXE		N THESE BOXES	
	es are listed on Attachment	•		
	nere is more than one child a C-120(A) and list each other			
101111 RL-103(A)/GC	J-120(A) and his each other	orma o current address a	ana unon rosidende illot	Page 1 of 2

Judicial Council of Californi
FL-105/GC-120 [Rev January]

CHECK THIS BOX AND CREATE AN "ATTACHMENT 3a" AND LIST THE ADDITIONAL ADDRESSES

Form Adopted for Mandato

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

IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS,

CAS	E NAME: PETITIONEI	R'S <u>LAST</u> NAM	E VS RE	SPONDENT'S <u>LAST</u> I	NAM	E		CASE NUMBER:		<u> </u>	
	National Control of the Control of t					Facility and the Section Secti		COUR	T CAS	SE NU	MBER
	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 (name, state location				1	ourt order judgment <i>(date)</i>	Nam	e of each child	conne	our ction to case	Case status
a	a. Family					4110-111					
t	o. Probate Guardianship	DEA	LS WI	COURT IF THER ITH THE CUSTOD N) IN THIS CASE.	YA	ND/OR V	ISITA	TION OF THE			
C	c. Other			TÍON IN THIS SEC					ER 5		
	Proceeding		Case	Number			Cou	rt (name, state	or tribe,	, locatior	1)
c	d. Juvenile										
e	e. Adoption										
5.	One or more dom			ning/protective orders	s are	now in effe	ect. (Ai	ttach a copy of	the orde	ers if you	have one
	Court	County	/	State or Tribe		Case Number (if known) Orders expire (dat			ire (date)		
a	a. Criminal						***************************************				
t	o. Family			HECK THIS BOX I				1			
C	c. Juvenile			PLETE THE INFO				1			
c	d. Other	1									
0	oo you know of any per r visitation with any ch . Name and address o	ild in this case	? 🛴	y to this proceeding Yes No	(li	f yes, provi		ody of or claims following inform c. Name and	nation):		•
		1		HE COURT IF TH O HAVE CUSTOD					s		
	Has physical custody Claims custody rights Claims visitation rights Name of each child:			Has physical custody Claims custody rights Claims visitation rights Name of each child:		Has physical custody Claims custody rights Claims visitation rights Name of each child:					
	Traine of oder onid.										
7.	Number of pages	attached:						-			
	lare under penalty of p		ne laws	of the State of Califo	ornia	that the fo	regoin	g is true and co	rrect.		
Date	TODAY'S DAT						***************************************		~~~~	nnes essentinaris de monte de la companya de la com	
	PRINT YOU	***************************************	IERE		<u> </u>		SIG	N YOUR N			
N	(NAME C	NT: You bay	2 2 2 2 2	tinuina duty to info	rm t	hio oqurt i	fyou	(SIGNATURE OF I			a quetody

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: history for the pa	NEXT OLDEST ast five years. If	CHILD'S NAME the current address is confidential	Provide the child's current address a. under Family Code section 3429, chec	
	•	state of residen		,	
	7	e information is the information bel	_	d in item 2a on form FL-105/GC-120. (/	f not the same,
CHECK THIS	Dates of	residence	Residence	Person child lived with (name and	
BOX IF THE		h/Year)	(City, State)	complete current address)	Relationship
CHILDREN HAVE BEEN	From:	To present	CURRENT ADDRESS	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON
LIVING AT THE SAME	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD Confidential (list state only)	Confidential (list state only)	TO CHILD
ADDRESSES	From:	To:	Confidential (list state only)	Confidential (list state only)	
	FIOIII.	10.	IF THIS CHILD HAS NO	T BEEN	
	From:	То:	LIVING AT THE SAME A AS THE CHILD ABOVE, I	DDRESS	
			WHERE THE CHILD HA	•	
	From:	To:	LIVING FOR THE PAST	· · · · · · · · · · · · · · · · · · ·	
	1 10111.				
	From:	То:			
**************************************	history for the pa provide only the Residence	ast five years. If state of residend	ce.) ne same as given for the child listed	(Provide the child's current address and under Family Code section 3429, check din item 2a on form FL-105/GC-120. (I	k the box and
CHECK THIS	Dates of	residence	Residence	Person child lived with (name and	
BOX IF THE		h/Year)	(City, State)	complete current address)	Relationship
CHILDREN HAVE BEEN	From:	To present	CURRENT ADDRESS	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD		TO CHILD
THE SAME ADDRESSES			Confidential (list state only)	Confidential (list state only)	L
ADDICEOCLO	From:	То:	IF THIS CHILD HAS NOT		
	From:	То:	AS THE CHILD ABOVE, F WHERE THE CHILD HAS LIVING FOR THE PAST 5	ILL OUT S BEEN	
	From:	То:			
	From:	То:			
					Page of

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

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	to list all the child	dren. Number ead	ch ite	em and each page consecutive	ely, and att	ach all pages to form FL-105/	GC-120.
3. b	Name of child: history for the p	NEXT OLDEST ast five years. If	ΓCΗ the	IILD'S NAME current address is confidential	(Provide i under Fan	the child's current address an nily Code section 3429, check	d their residence the box and
		state of residence					
>			Acce Residence (City, State) CURRENT ADDRESS FOR THE CHILD COnfidential (list state only) Person child lived with (name and complete current address) Relationship Relationship Relationship Relationship Relationship Relationship OF PERSON CHILD LIVES WITH Confidential (list state only) Confidential (list st				
0	provide th	e information bel	low.)				
CHECK THIS	Dates of	residence	Г	Residence	Person c	hild lived with (name and	
BOX IF THE	4	h/Year)					ress and their residence 9, check the box and 120. (If not the same, e and Relationship SS RELATIONSHIP OF PERSON TO CHILD ress and their residence 9, check the box and 120. (If not the same, e and Relationship SS RELATIONSHIP OF PERSON TO CHILD
CHILDREN	From:	To present	Н-г				DEI ATIONSHID
HAVE BEEN	1 10111.	10 present		l l		a contrain Applicace	OF PERSON
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	[FOR THE CHILD	OF FER.	SON CHILD LIVES WITH	
THE SAME		I	I	Confidential (list state only)	Con	ifidential (list state only)	
ADDRESSES	From:	To:					
						_	
'							
	From:	То:				•	
			1	1			
	From:			1			
		To:	LIVING FOR THE PAST		5 YEARS		
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			ļ				
	From:	То:					
						-	
			L		L		
3. b.	Name of child:	NEXT OLDES	T CH	HILD'S NAME	(Provide	the child's current address an	d their residence
		e state of residence				•	
7	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. (If	not the same,
	provide th	ne information bel	low.)				
CHECK THIS	Dates of	residence	T	Residence	Person o	hild lived with (name and	
BOX IF THE		h/Year)	·			Relationship	
CHILDREN	From:	To present	F				RELATIONSHIP
HAVE BEEN			١١١				
LIVING AT	MM/DD/YYYY	MM/DD/YYYY		FOR THE CHILD	01 1 2110	31, 31, 23	TO CHILD
THE SAME				Confidential (list state only)	Con	ifidential (list state only)	
ADDRESSES	From:	То:					
			[IF THIS CHILD HAS NO	BEEN	1	
				LIVING AT THE SAME A	DDRESS		
	From:	To:		AS THE CHILD ABOVE, F	ILL OUT		
				WHERE THE CHILD HAS	S BEEN		
			Ш	LIVING FOR THE PAST 5	YEARS		
	From:	To:					
			$\perp \downarrow$				<u></u>
	From:	To:			Т]	
			<u></u>		L		_
							Page of

EI 150

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:	FC-130
NAME YOUR NAME	
FIRM YOUR ADDRESS	SAMPLE
CITY, STATE, ZIP CODE STATE: ZIP CODE:	ONLY
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	DO NO!
STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 4.000 HOW.	WRITE ON
CITY AND ZIP CODE: 1130 "O" Street	
BRANCH NAME: Fresno CA 93724-2220	THIS COPY!
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY	
OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:
INCOME AND EXPENSE DECLARATION	COURT CASE NUMBER
1. Employment (Give information on your current job or, if you're unemployed, your most	
Attach copies a. Employer:	FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO
of your pay D. Employer's address:	NOT HAVE A JOB, GIVE THE
stubs for last two months d. Occupation:	INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED
(black out e. Date job started:	WANT OF THE OVER APPRECE
Social f. If unemployed, date job ended:	(NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE
Security g. I work about hours per week.	OF EMPLOYMENT AND SALARY)
numbers). h. I get paid \$ gross (before taxes) per month	per week per hour.
c. Number of years of college completed (specify): d. Number of years of graduate school completed (specify): e. I have: professional/occupational license(s) (specify): LICENSES EARNED	highest grade completed (specifications): DEGREE EARNED DEGREE EARNED DEGREE EARNED FILL OUT YOUR
vocational training (specify): JOB TRAINING COMPLETED	INFORMATION FROM THE PAST YEAR YOU FILED
 3. Tax information ← a.	TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)AND HOW MANY EXEMPTIONS 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 This estimate is based on (explain): HOW MUCH DO YOU THINK THE OTHER PARTY EAUP WITH THAT AMOUNT? IF YOU DO NOT KNOW, E (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: I declare under penalty of perjury under the laws of the State of California that the information any attachments is true and correct.	RNS BEFORE TAXES? HOW DID YOU COME EXPLAIN WHY YOU DO NOT KNOW INCh sheet of paper and write the
TODAYIO DATE	
CIO	YOUR NAME HERE
PRINT YOUR NAME HERE TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
(TIFE ON FRIENT MANUE)	Page 1 of 4

FL-150

PETITIONER: PARTY WHO INITIALLY OPENED CASE	CASE 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 oth return to the court hearing. (Black out your Social Security number on the pacific LIST ALL OF YOUR INCOME, BEFORE TAXE Income (For average monthly, add up all the income you received in each cate	ay stub and tax return.) S, IN THIS AREA
and divide the total by 12.)	Last month 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) currently rece e. Spousal support from this marriage from a different marriage f. Partner support from this domestic partnership from a different marriage g. Pension/retirement fund payments h. Social Security retirement (not SSI) i. Disability: Social Security (not SSI) State disability (SDI) j. Unemployment compensation k. Workers' compensation Other (military allowances reveally payments) (consist):	S IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM THE LAST 12 MONTH FROM EACH SOURCE THAT THAT
 Other (military allowances, royalty payments) (specify): 	\$ [] [
Investment income (Attach a schedule showing gross receipts less cash expra. Dividends/interest	\$ LIST ALL OF YOUR INVESTMENT INCOME,
7. Income from self-employment, after business expenses for all businesse I am the owner/sole proprietor business partner owner/sole proprietor	other (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 from your last federal tax return. Black out your
	ance, etc.) in the last 12 months (specify source and RECEIVED A ONE-TIME SOURCE OF INCOME, (LOTTERY OF TWEET WHERE YOU RECEIVED THE MONEY AND THE AMOUNT
Ehange in income. My financial situation has changed significantly over	
IF YOU HAD A MAJOR CHANGE IN INCOME	IN THE PAST 12 MONTHS, STATE WHAT THE CHANGE WAS
 10. Deductions a. Required union dues	hly amount)\$ SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS EPOMLAST
 g. Necessary job-related expenses not reimbursed by my employer (attach ex- LIST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STO 11. Assets a. Cash and checking accounts, savings, credit union, money market, and other 	DCKS, BONDS, AND/OR REAL PROPERTY PAYCHECK Total
b. Stocks, bonds, and other assets I could easily sell	arket value minus the debts you owe)\$ ne court before January 1, 2019, or if a court-ordered change
maintains the spousal support payments as taxable income to the recipient and tax deductib	le to the payor.

FL-150

PETITIONER: PAI	TY WHO INI	TIALLY OPENED CASE			CASE NUMBE	R:	12.00
RESPONDENT: TH	OTHER PAR	TY			l re	COURT CASE N	UMBER
OTHER PARTY/PARENT/CLAIMANT:					L		Million and an analysis of the state of the
				•			
12. The following people live with me:		III		T			
Name	Age	How the person is related to me (ex: s	on)	nat per monthly	son's gross income		some of the ehold expenses?
a		Totaled to me (em e	J,	11101111111			Yes No
LIST ANYONE WHO		YOU (INCLUDING CH					Yes No
FAMILY, ETC.), THEIR		R THEY PAY ANY EXP					Yes No
d.	Accompany to the control of the cont						Yes No
е.							Yes No
13. Average monthly expenses	Estimated	expenses A	ctual e	xpenses		Proposed nee	eds <u>CHECK ON</u>
a. Home:		h.	LIST A	1	aning		\$
(1) Rent or mortg	age \$	Y'	OUR M EXPE	ONTHLY NSFS			\$
If mortgage:		/ \ '	IERE F	OR THE			ļ
(a) average principal: \$		-/ \				cation	
(b) average interest: \$		-/ /			and transpo		6
(2) Real property taxes		1		_		s, etc.)	
(3) Homeowner's or renter's insura (if not included above)		1				c.; do not incl ance)	
(i) Maintenance and repair		1					
, ,		l — — — — — — — — — — — — — — — — — — —	_				. —
b. Health-care costs not paid by insur		I In M	/lonthly	paymen	ts listed in	item 14	
c. Child care		\—————————————————————————————————————	itemize	e below in	14 and in	sert total here) \$
d. Groceries and household supplies.		7a. C	Other (specify):			\$
e. Eating out		1 / r 1	OTAL	EXPENS	SES (a-q)	(do not add in	
f. Utilities (gas, electric, water, trash).		77	he amo	ounts in a	(1)(a) and	(b))	\$ 7
g. Telephone, cell phone, and e-mail	\$	s. <i>A</i>	moun	t of expe	enses paid	by others	\$
		/		UP ALL	THE STED FOR	WRITE H	IOW MUCH OF THE
14. Installment payments and debts not	listed abov	re / [L TO PUT	1		ARE PAID BY OTHERS
Paid to	For			Amount	Bala	ince Dat	te of last payment
general states and the state of				\$	\$		MANAGA MA
		YOU ARE MAKING FO TC. AND THE NAME (т
HOW MUCH YOU P	AY EACH M	ONTH, WHAT IS STIL <mark>l</mark>	OWE	D, AND TH	IE DATE OF	YOUR LAST	
PAYMENT. ADD UP AL	OF THE MO	ONTHLY PAYMENT A	MOUNT			TAL IN ITEM 13	3. p.
				\$	\$		
				\$	\$		
				\$	\$		
				[ONI Y	COMPI	ETE SECTION
15. Attorney fees (This information is requ				- 1			J HAD AN
a. To date, I have paid my attorney th		or fees and costs (sp	ecify): :	\$			
b. The source of this money was (spe			-/\-	•			AND WANT
c. I still owe the following fees and co	-	orney (<i>specily total</i> c	wea).	Ф	THE	OTHER	PARTY TO
d. My attorney's hourly rate is (specify	<i>)</i> .				PAY F	OR YOU	R ATTORNE
I confirm this fee arrangement.	01011	ON TIME	D 4				
Date: DO NOT	SIGN	ON THIS	۲A	GE I	UNLE	55	
	MPI	ETING SE	CT	ION	15	## ## ## ## ## ## ## ## ## ## ## ## ##	
(TYPE OR PRINT NAME OF ATTORNE			V I I	. • . 1 .		TURE OF ATTORN	IEY)
,							

FL-150 CASE NUMBER: 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 I do not 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 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)..... c. (1) Expenses for my minor children who are from other relationships and are living with me..... (2) Names and ages of those children (specify): (3) Child support I receive for those children..... The expenses listed in a, b, and c create an extreme financial hardship because (explain): **EXPLAIN WHY THESE EXPENSES CREATE** AN EXTREME FINANCIAL HARDSHIP

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
YOUR NAME YOUR ADDRESS	SAMPLE
CITY, STATE, ZIP CODE	ONLY
YOUR TELEPHONE NUMBER FAX NO. (Optional):	ONLI
E-MAIL ADDRESS (Optional):	DO NOT
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF	NA/DITE ON
STREET ADDRESS: Fresno County Superior Court	WRITE ON
MAILING ADDRESS: 1130 "O" Street	THIS COPY!
CITY AND ZIP CODE: Fracha CA 92724 2220	THIS COLT:
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
	CASE NUMBER
RESPONDENT/DEFENDANT: THE OTHER PARTY	(If applicable, provide):
OTHER PARENT/PARTY:	HEARING DATE:
PROOF OF SERVICE BY MAIL	HEARING TIME:
	DEPT.:
place. My residence or business address is: SERVER'S ADDRESS	
SERVER'S CITY, STATE, AND ZIP CODE S. I served a copy of the following documents (specify): WRITE IN THE NAME(S) AND THE FORM(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY	
by enclosing them in an envelope AND CHOOSE ONE a.	ee shown in item 4 following our ordinary illecting and processing correspondence for mailing, it is deposited in the ordinary course of
 The envelope was addressed and mailed as follows: a. Name of person served: THE OTHER PARTY'S NAME b. Address: THE OTHER PARTY'S ADDRESS 	
c. Date mailed: DATE SERVER MAILED YOUR FORMS TO THE OTHER PART d. Place of mailing (city and state): CITY AND STATE WHERE THE FORMS WEI	RE MAILED DO NOT
I served a request to modify a child custody, visitation, or child support judgme address verification declaration. (Declaration Regarding Address Verification— Custody, Visitation, or Child Support Order (form FL-334) may be used for this	ent or permanent order which included 5. UNLESS -Postjudgment Request to Modify a C Pourpose.) 5. UNLESS YOU ARE INCLUDING
i. I declare under penalty of perjury under the laws of the State of California that the f	oregoing is true and correct.
Date: DATE SERVER SIGNS	
SERVER PRINTS THEIR NAME HERE	SERVER SIGNS HERE

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

BLANK FORMS

(To be Completed)

PAF	RTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUME	BER:	FOR COURT USE ONLY
NAN	ΛE:			
i	M NAME:			
	REET ADDRESS:			
CIT		STATE:	ZIP CODE:	
l	EPHONE NO.:	FAX NO.:		
1	AIL ADDRESS:			
	ORNEY FOR (name):			
1	PERIOR COURT OF CALIFORNIA, CO	DUNTY OF		
l	REET ADDRESS:			
	ILLING ADDRESS:			
CIT	Y AND ZIP CODE: BRANCH NAME:			
	PETITIONER:			
_	RESPONDENT:			
0	THER PARENT/PARTY:			
	RESPONSIVE DECL	ARATION TO REQUES	T FOR ORDER	CASE NUMBER:
	HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	
1.	RESTRAINING ORDER INF a. No domestic violence re b. I agree that one or more CHILD CUSTODY VISITATION (PARENTING a. I consent to the order re-	FORMATION straining/protective orders and domestic violence restraining FIME) quested for child custody (laguested for visitation (parenter requested for	are now in effect between ng/protective orders are n egal and physical custody	ow in effect between the parties in this case.
3.	CHILD SUPPORT a. I have completed and filed a custatement (Simplified) (form Files) b. I consent to the order rect. I consent to guideline suid. I do not consent to the order.	<u>155)</u> to support my respo quested pport.	•	
4.	SPOUSAL OR DOMESTIC a. I have completed and filed a cu b. I consent to the order rec c. I do not consent to the or	irrent <i>Income and Expense</i> quested.	Declaration (form FL-150 consent to the following of) to support my responsive declaration.

FL-320 PETITIONER: CASE NUMBER: 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 I consent to the order requested. 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. Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

	MC-031
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:

(SIGNATURE OF DECLARANT)

Attorney for Plaintiff Petitioner Defendant Respondent Other (Specify):

		MC-03
PLAINTIFF/PETITIONER:	CASE NUMBER:	
FENDANT/RESPONDENT:		
DECLARATION		
(This form must be attached to another form or court p	paper before it can be filed in court.)	
lare under penalty of perjury under the laws of the State of California that th	e foregoing is true and correct.	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

ATTOR	NEY OR PARTY WITH	HOUT ATTORNEY	STATE BAI	R NUMBER:	300000000000000000000000000000000000000	FOR COUR	RT USE ONLY
NAME:							
FIRM N	IAME:						
STREE	T ADDRESS:						
CITY:			STATE:	ZIP CODE:			
TELEPI	HONE NO.:		FAX NO.:				
EMAIL.	ADDRESS:						
ATTOR	NEY FOR (name):						
SUPE	RIOR COURT C	F CALIFORNIA, CO	OUNTY OF				
	ET ADDRESS:	,					
MAILIN	NG ADDRESS:						
CITY A	ND ZIP CODE:						
BF	RANCH NAME:						
	(This se	ection applies to ca	ases other than proba	te guardiansh	ips.)		
F	PETITIONER:	• • •	·	_			
RE	SPONDENT:						
	HER PARTY:						
CHIL	D'S NAME (Juve.						
O			only to probate guardia	anship cases.)	CASE NUMBER:	
GUAF	RDIANSHIP OF (name):			Minor		
						-	
			ER UNIFORM CHI				
	JURIS	SDICTION AND	ENFORCEMENT A	ACT (UCCJE	:A)		
1 1:	am <i>(check one)</i>	a narty to	this proceeding to de	etermine cust	ody of a child	the authorized re	presentative of the
1. 16	ann (check one)	a party to	o this proceeding to di			this proceeding to deter	
2. TI	here are <i>(speci</i> i	fy number):	minor children v	vho are subje	ct to this procee	eding, as follows <i>(list old</i>	est child first):
		Full Name		Date o	of birth	Place of birth (c	city and state)
-							
а	l.						
b),						
С	•						
d	l.						
F	Check this	box if you need to	list more children. (O	n form MC-02	20 or a separate	e piece of paper, write "F	
L						onal child, and attach to	
			•			2 have lived together for	
3. a.			· ·				
						ory for the past five year	
						de only the state of resid	Terrice.)
		of residence	Residen			hild lived with and e current address	Relationship
		onth/Year)	(City, Sta	ate)	Complet		
	From:	To present					
			Confidential (III	ot otato anka	Confide	ntial (list state only)	
			Confidential (lis	si siale Ulliy)	Confiden	iliai (ilot otate Utily)	
	From:	To:					
	-						
	From:	To:					
	From:	To:					
	From:	To:					
	Addition	nal addresses are	listed on Attachment	3a. <i>(Form MC</i>	C-020 may be u	sed for this purpose.)	
b.	Check	this box if there is	more than one child a	and all the chil	dren <i>have not</i> l	ved together for the pas	st five years. (Attach
۵.	form FI	-105(A)/GC-120(A) and list each other	child's curren	t address and ti	neir residence history fo	r the past five years.)
			,				Page 1 c

CAS	SE NAME:			4.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			CASE NUMBER:	FL	-105/GC-12
	Do you have information por custody or visitation p	proceeding, in Ca	alifornia or e	lsewhere, co	ncerning a chi	ld subje		eding?	er court case
	Proceeding	Case number	(name, st	ourt ate or tribe, ation)	Court order or judgment (date)	1	e of each child	Your connection to the case	Case status
	a Family								
	b. Probate Guardianship								
	c. Other								
	Proceeding		Case Number			Соц	ırt (name, state	or tribe, locatio	7)
	d. Juvenile								
	e. Adoption								
5. [One or more dom			tective order	s are now in e	ffect. (A	ttach a copy of	the orders if you	ı have one
	Court	County	S	State or Tribe Case Nun			Number (if known) Orders expir		
	a. Criminal								
	b Family								
	c. Juvenile								
	d. Other								
(Do you know of any per or visitation with any ch a. Name and address o	ild in this case?	Yes		(If yes, pro		following inform		

	Claims custody rig	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		
<u> </u>	Name of each child:		Name o	of each child:			Name of each	n child:	
7. [Number of pages	attached:							
	clare under penalty of p	erjury under the	laws of the	State of Calif	ornia that the f	oregoin	g is true and co	rrect.	
Date	: :				•				
	(NAME C	DE DECLARANT)			<u> </u>	ww	(SICNATURE OF I	DEGLADANT)	

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	ΛE:			CASE NUMBER:	
			ATTACHMENT TO		
Instructio	ns: If all the o	children subject to the	e proceeding have not lived togeth	CTION AND ENFORCEMENT ACT er for the last five years, use as many or ely, and attach all pages to form FL-10	copies of this form
3. b	Name of chi history for the provide only	ild: he past five years. It v the state of residen	f the current address is confidentia ice.) he same as given for the child liste	(Provide the child's current address a lunder Family Code section 3429, che	and their residence ck the box and
	1	s of residence lonth/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	ne past five years. It v the state of residen	<i>ce.)</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
	I =====	To propert	i	1	1

Dates of residence (Month/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:	To:				
From:	To:				

of

				FL-10)5(A)/GC-120(A)
CASE NAM	E:			CASE NUMBER:	
			ATTACHMENT TO		
Instruction	ns: If all the child	ren subject to the	e proceeding have not lived togeth	CTION AND ENFORCEMENT ACT er for the last five years, use as many o ely, and attach all pages to form FL-10	opies of this form
3. b	Name of child:		the current address is confidential	(Provide the child's current address a I under Family Code section 3429, chec	nd their residence
		e information is the information bel	•	d in item 2a on form FL-105/GC-120. (i	f not the same,
		residence h/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:	4		
	From:	То:		,	
	From:	То:			
	From:	То:			
3. b	provide only the	e state of residen	<i>ce.)</i> ne same as given for the child liste	(Provide the child's current address a I under Family Code section 3429, chec d in item 2a on form FL-105/GC-120. (I	ck the box and
		residence :h/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present			

Dates of residence (Month/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:	To:				
From:	То:				
From:	To:				

orm	Adopted for Man	ndatory	Use	INCOME AND EXPEN	ISE DECLARATION	Family Code, §§ 2030–2032, 2100–211
			(TYPE OR PRINT NAME	Ξ)	(SIG	NATURE OF DECLARANT) Page 1 of
Jai	.e				•	
	/ attachmen		true and correct.	er the laws of the State of Calli	ornia that the information conta	anieu on all pages of this form and
•			•	er.) Number of pages attached		ained on all pages of this form and
lf y	you need m	ore	space to answer	any questions on this form, a	attach an 8 1/2-by-11-inch sh	eet of paper and write the
∤ .	-	-	ncome. I estimate based on <i>(explain</i>	the gross monthly income (before):	ore taxes) of the other party in	this case at (specify): \$
			-	exemptions (including myself)		
			ax returns in		(specify state):	
			ed, filing jointly with		· · · · · · · · · · · · · · · · · · ·	
		_	status is	single head of hous	ehold married, filing	separately
			filed taxes for tax y	· · · · · · · · · · · · · · · · · · ·		
3.	Tax inform					
	e. I have:		professional/o vocational trai	ccupational license(s) <i>(specify)</i> ning <i>(specify):</i>	: -	
				chool completed (specify):		tained (specify):
		•	ears of college co		Degree(s) obtained (spec	• /
			oleted high school			grade completed (specify):
	a. My age	•	• • • • • • • • • • • • • • • • • • • •			
2.	Age and e	duca	ation			
			than one job, atta tion 1—Other Job		of paper and list the same in	iformation as above for your othe
	ımbers).	h.	5 1	gross (before taxes)		r week per hour.
	ecurity	g.	I work about	hours per week.		
•	ocial	f.	If unemployed, da	ate job ended:		
(bl	lack out	e.	Date job started:			

PARTY WITHOUT ATTORNEY OR ATTORNEY

a. Employer:

d. Occupation:

NAME: FIRM NAME: STREET ADDRESS:

CITY:

TELEPHONE NO.:

E-MAIL ADDRESS: ATTORNEY FOR (name):

STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:

Attach copies

stubs for last

two months

of your pay

^{*} 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.

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ы	-1	50

PETITIONER:			CA	ASE NUMBER:	
RESPONDENT:					
OTHER PARTY/PARENT/CLAIMANT:					
12. The following people live with me:					
The remaining people are arminer		How the person is	That perso	n's gross	Pays some of the
Name	Age	related to me (ex: son)	monthly inc		household expenses?
a.					Yes No
b.					Yes No
C. d.					Yes No
e.					Yes No
13. Average monthly expenses	 Estimated	d expenses Actual e	expenses	Propo	sed needs
a. Home:	,		•		\$
	gage				
If mortgage:	, ,		tion		\$
		k. Enterta	ainment, gifts	s, and vacation	\$
(b) average interest: \$		l. Auto e:		l transportatior	
(2) Real property taxes		*		oairs, bus, etc.	
(3) Homeowner's or renter's insurance m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)\$					
(4) Maintenance and repair				ments	
b. Health-care costs not paid by insur				tions	
01.11.1		p. Monthl	y payments	listed in item 1	4
		(itemiz		4 and insert to	
F (*)		q. Other ((specify):		\$
f. Utilities (gas, electric, water, trash)		r. TOTAL		S (a–q) <i>(do no</i>	
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		the diff	ounts in a(1,		\$
g. Telephone, cell phone, and e-mail.		s. Amou	nt of expens	ses paid by of	thers \$
14. Installment payments and debts not	listed aho	N/A			
Paid to	For		Amount	Balance	Date of last payment
	1		\$	\$	
			\$	\$	
			\$	\$	
			\$ \$	\$	
			\$	\$	
			 	\$	
			\$	φ	
45 Attaurantes (This information is used	ماند ماند	or portuio requesting ettern	ov foool:		
15. Attorney fees (<i>This information is req</i> a. To date, I have paid my attorney the					
b. The source of this money was (spe		ior lees and costs (specify).	Ψ		
c. I still owe the following fees and co		attorney (specify total owed):	: \$		
d. My attorney's hourly rate is (specify	-	,	·		
I confirm this fee arrangement.					
_					
Date:		L			
	EV)	_		(SIGNATURE O	F ATTORNEY)
(TIPE OR PRINT NAME OF ATTORN	L1)			(O.O.A.TOTAL O	,

FI	L-1	5	0
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		, •
PETITIONER:	CASE NUMBER:	
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		

	CHILD SUPPORT INFORMATI (NOTE: Fill out this page only if your case invo		
16. N ı	umber of children		
a.	I have (specify number): children under the ag	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		e with the other parent. dule here.)
a. b.	nildren's health-care expenses I do I do not have health insurance available to me for the Name of insurance company: Address of insurance company:	he children through my job).
d.	The monthly cost for the children's health insurance is or would be (specify) (Do not include the amount your employer pays.)): \$	
18. A c	dditional expense for the children in this case	Amount nor m	onth.
a.	Childcare so I can work or get job training	Amount per mo	ontn
b.	Children's health care not covered by insurance		- Control Cont
C.	Travel expenses for visitation		
d.	Children's educational or other special needs (specify below):		
(ai a.	pecial hardships. I ask the court to consider the following special financial circ ttach documentation of any item listed here, including court orders): Extraordinary health expenses not included in 18b	Amount per month	For how many months?
C.	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):		
Th	(3) Child support I receive for those children	\$	
	e expenses listed in a, b, and c create an extreme financial hardship because		

A	TTORNEY 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):	
S	SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
	STREET ADDRESS:	
	MAILING ADDRESS:	
	CITY AND ZIP CODE:	
-	BRANCH NAME:	CASE NUMBER.
	PETITIONER/PLAINTIFF:	CASE NUMBER:
R	ESPONDENT/DEFENDANT:	
' '		(If applicable, provide):
	OTHER PARENT/PARTY:	HEARING DATE:
	PROOF OF SERVICE BY MAIL	HEARING TIME:
	TROOF OF SERVICE BY MALE	DEPT.:
NO	TICE: To serve temporary restraining orders you must use personal service (see fo	orm FL-330).
1.	I am at least 18 years of age, not a party to this action, and I am a resident of or employ place.	ed in the county where the mailing took
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 b. placing the envelope for collection and mailing on the date and at the place sh business practices. I am readily familiar with this business's practice for collection mailing. On the same day that correspondence is placed for collection and mail business with the United States Postal Service in a sealed envelope with postal.	own in item 4 following our ordinary ng and processing correspondence for ing, it is deposited in the ordinary course of
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 address verification declaration. (Declaration Regarding Address Verification—Pos Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.	tjudgment Request to Modify a Child
6.	I declare under penalty of perjury under the laws of the State of California that the foreg	oing is true and correct.
Dat	te:	
	(TYPE OR REINT NAME)	TURE OF PERSON COMPLETING THIS FORM)
	(TYPE OR PRINT NAME) (SIGNA	Page 1 of 1