

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 refer to FL-320 INFO to know which exact forms you will need in your case.

<input type="checkbox"/> Responsive Declaration to Request for Order	FL-320
<input type="checkbox"/> Attached Declaration	MC-031
<input type="checkbox"/> Declaration under Uniform Child Custody Jurisdiction Act	FL-105
<input type="checkbox"/> Income and Expense Declaration	FL-150
<input type="checkbox"/> Proof of Service by Mail	FL-335

2. You will need to make at least 2 additional copies of each form you fill out and any attachments you are including. One copy will be for you; another copy will be for 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.

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 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 FL-300) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* (form DV-100). Instead, you must use *Response to Request for Domestic Restraining Order* (form DV-120).
- Respond to *Request to Change or End Restraining Order* (form DV-300 or form JV-255 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 DV-320).

4 Forms checklist

- a. Form FL-320, *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.
- 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*
 - 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. For child support, you need:
 - A current form FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)*, instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.

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.
- d. For spousal or domestic partner support or orders about your finances, you need these forms:
 - FL-150, *Income and Expense Declaration*
 - FL-157, *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)
- f. If you plan on having witnesses testify at the hearing, you need this form:
 - FL-321, *Witness List*



To respond to a *Request for Order*, you must:

5 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.

FL-320

DATE OF HEARING AT HEARING OR AT HEARING NAME, ADDRESS, CITY, TELEPHONE NO., EMAIL ADDRESS, ATTORNEY (IF ANY):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF: HEARING ADDRESS, CITY AND ZIP CODE, HEARING NAME:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:

RESPONSIVE DECLARATION TO REQUEST FOR ORDER CASE NUMBER:

HEARING DATE, TIME, DEPARTMENT OR ROOM:

Read Information Sheet: *Responsive Declaration to Request for Order* (form FL-320-INFO) for more information about this form.

1. RESTRAINING ORDER INFORMATION
a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
b. I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.

2. CHILD CUSTODY
VISITATION (PARENTING TIME)
a. I consent to the order requested for child custody (legal and physical custody).
b. I consent to the order requested for visitation (parenting time).
c. I do not consent to the order requested for: child custody visitation (parenting time) but I consent to the following order:

3. CHILD SUPPORT
a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement* (form FL-155) to support my responsive declaration.
b. I consent to the order requested.
c. I consent to guideline support.
d. I do not consent to the order requested but I consent to the following order:

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT
a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
b. I consent to the order requested.
c. I do not consent to the order requested but I consent to the following order:

Form Subject to Mandatory Arbitration Under the Judicial Branch's Case Management Rules (FLSCR) (Rev. January 1, 2025) RESPONSIVE DECLARATION TO REQUEST FOR ORDER State of California, Judicial Branch Case Management Rules (Rev. 2025) www.courts.ca.gov

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 **FW-001**, *Request to Waive Court Fees*, and form **FW-003**, *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.



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.

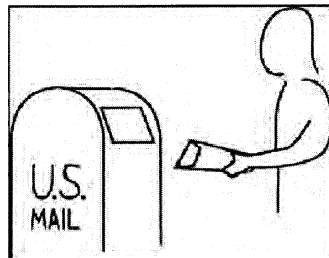
Personal service.

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 FL-330, *Proof of Personal Service*. Form FL-330-INFO, *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 FL-335, *Proof of Service by Mail*. Form FL-335-INFO, *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*.)

14 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 FL-313-INFO or form FL-314-INFO).

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 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 lawhelpcalifornia.org.

FORM INSTRUCTIONS

FL-320

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: YOUR NAME FIRM NAME: YOUR ADDRESS STREET AD: CITY, STATE, ZIP CODE CITY: YOUR TELEPHONE NUMBER TELEPHONE: EMAIL ADD: ATTORNEY FOR (name):	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold; margin: 0 auto;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:	
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> COURT CASE NUMBER </div>
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

Read Information Sheet: *Responsive Declaration to Request for Order* (form [FL-320-INFO](#)) for more information about this form.

1. RESTRAINING ORDER INFORMATION
- a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
- b. I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.

2. CHILD CUSTODY
 VISITATION (PARENTING TIME)
- a. I consent to the order requested for child custody (legal and physical custody).
- b. I consent to the order requested for visitation (parenting time).
- c. I do not consent to the order requested for child custody visitation (parenting time)
 but I consent

**FOLLOW THE NUMBERS THE OTHER PARTY MARKED ON THE FL-300,
 AND CHECK WHETHER YOU
 "AGREE OR DISAGREE"
 WITH WHAT THE OTHER PARTY HAS REQUESTED
 IF YOU DISAGREE, TELL THE COURT WHAT YOU WANT**

3. CHILD SUPPORT
- a. I have completed and filed a current *Income and Expense Declaration* (form [FL-150](#)) or, if eligible, a current *Financial Statement (Simplified)* (form [FL-155](#)) to support my responsive declaration.
- b. I consent to the order requested.
- c. I consent to guideline support.
- d. I do not consent to the order requested but I consent to the following order:
4. SPOUSAL OR DOMESTIC PARTNER SUPPORT
- a. I have completed and filed a current *Income and Expense Declaration* (form [FL-150](#)) to support my responsive declaration.
- b. I consent to the order requested.
- c. I do not consent to the order requested but I consent to the following order:

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

5. PROPERTY CONTROL
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

6. ATTORNEY'S FEES AND COSTS
- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I have completed and filed a *Declaration of Financial Information* (form FL-150) to support my responsive declaration that addresses:
- c. I consent to the order requested.
- d. I do not consent to the order requested.

**FOLLOW THE NUMBERS THE OTHER PARTY MARKED ON THE FL-300,
AND CHECK WHETHER YOU
"AGREE OR DISAGREE"
WITH WHAT THE OTHER PARTY HAS REQUESTED**

7. OTHER ORDERS REQUESTED
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

IF YOU DISAGREE, TELL THE COURT WHAT YOU WANT

8. TIME FOR SERVICE / TIME UNTIL HEARING
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

9. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission.

Attachment 10.

TELL THE COURT WHY THE LISTED REQUEST OF THE OTHER PARTY SHOULD NOT BE GRANTED

EXPLAIN WHY YOU WANT WHAT YOU ARE ASKING FOR AND PROVIDE FACTS AND/OR EVIDENCE TO SUPPORT YOUR REQUEST

ALSO IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH FORM MC-031

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

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 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 California that the foregoing is true and correct.

Date: **TODAY'S DATE**

_____ **PRINT YOUR NAME HERE** _____
(TYPE OR PRINT NAME)

_____ **SIGN YOUR NAME HERE** _____
(SIGNATURE OF DECLARANT)

- Attorney for Plaintiff Petitioner Defendant
- Respondent Other *(Specify):*

FORM INSTRUCTIONS

FL-105/GC-120

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

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the proceeding to determine custody of a child.

2. There are (specify number): **WRITE IN THE NUMBER OF CHILDREN** minor children who are subject to this proceeding, as follows (list oldest child first):

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

Check this box if you need to file Form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top of the form. **CHECK THIS BOX IF APPLICABLE** (Provide information for each additional child, and attach to this form.)

3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. **CHECK THIS BOX IF APPLICABLE** (Provide the current address of the child and their residence history for the past five years. If the current address is confidential under Family Code, check this box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD <input type="checkbox"/> Confidential (list state only)	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH <input type="checkbox"/> Confidential (list state only)	RELATIONSHIP OF PERSON TO CHILD
From: MM/DD/YYYY THAT CHILD STARTING LIVING AT EACH ADDRESS	To: MM/DD/YYYY THAT CHILD STOPPED LIVING AT EACH ADDRESS	THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES	NAME & CURRENT ADDRESS OF PERSON CHILD LIVED WITH FOR THE PAST FIVE YEARS GO IN THESE BOXES	RELATIONSHIP OF PERSON TO CHILD

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

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

CASE NAME: PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER: COURT CASE NUMBER
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family		TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF "YES", COMPLETE THE INFORMATION IN THIS SECTION. IF "NO", SKIP TO NUMBER 5				
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person:	b. Name and address of person:	c. Name and address of person:
TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS		
<input type="checkbox"/> Has physical custody	<input type="checkbox"/> Has physical custody	<input type="checkbox"/> Has physical custody
<input type="checkbox"/> Claims custody rights	<input type="checkbox"/> Claims custody rights	<input type="checkbox"/> Claims custody rights
<input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Claims visitation rights
Name of each child:	Name of each child:	Name of each child:

7. Number of pages attached: _____

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(NAME OF DECLARANT)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

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

FORM INSTRUCTIONS

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

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

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

3. b. ___ Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

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

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

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

3. b. ___ Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

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

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

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

FORM INSTRUCTIONS

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

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

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

3. b. Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

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

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

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

3. b. Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

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

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

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

FORM INSTRUCTIONS

FL-150

<p>PARTY WITHOUT ATTORNEY OR ATTORNEY</p> <p>NAME: YOUR NAME</p> <p>FIRM: YOUR ADDRESS</p> <p>STREET: CITY, STATE, ZIP CODE</p> <p>CITY: YOUR TELEPHONE NUMBER</p> <p>TELEPHONE: STATE: ZIP CODE:</p> <p>E-MAIL ADDRESS: NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS</p> <p>ATTORNEY FOR (name):</p>	<p>STATE BAR NUMBER:</p> <p>FAX NO.:</p> <p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <div style="border: 2px solid black; padding: 10px; text-align: center; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: Fresno County Superior Court</p> <p>MAILING ADDRESS: 1130 "O" Street</p> <p>CITY AND ZIP CODE: Fresno CA 93724-2220</p> <p>BRANCH NAME:</p>	
<p>PETITIONER: PARTY WHO INITIALLY OPENED CASE</p> <p>RESPONDENT: THE OTHER PARTY</p> <p>OTHER PARTY/PARENT/CLAIMANT:</p>	
<p>INCOME AND EXPENSE DECLARATION</p>	<p>CASE NUMBER: COURT CASE NUMBER</p>

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

<p>Attach copies of your pay stubs for last two months (black out Social Security numbers).</p>	<p>a. Employer:</p> <p>b. Employer's address:</p> <p>c. Employer's phone number:</p> <p>d. Occupation: ←</p> <p>e. Date job started:</p> <p>f. If unemployed, date job ended:</p> <p>g. I work about _____ hours per week.</p> <p>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.</p>	<p>FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED</p> <p>(NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)</p>
---	---	---

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

2. Age and education ←

<p>a. My age is (specify): YOUR AGE</p> <p>b. I have completed high school or the equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed (specify): GRADE FINISHED</p> <p>c. Number of years of college completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): DEGREE EARNED</p> <p>d. Number of years of graduate school completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): DEGREE EARNED</p> <p>e. I have: <input checked="" type="checkbox"/> professional/occupational license(s) (specify): LICENSES EARNED <input type="checkbox"/> vocational training (specify): JOB TRAINING COMPLETED</p>	<p>TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED</p>
---	--

3. Tax information ←

a. I last filed taxes for tax year (specify year):

b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):

c. I file state tax returns in California other (specify state):

d. I claim the following number of exemptions (including myself) on my taxes (specify):

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

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$

This estimate is based on (explain): **HOW MUCH DO YOU THINK THE OTHER PARTY EARNS BEFORE TAXES? HOW DID YOU COME UP WITH THAT AMOUNT? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW**

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

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)



SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

FORM INSTRUCTIONS

FL-150

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

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

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

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	\$
b. Overtime (gross, before taxes).....	\$	\$
c. Commissions or bonuses.....	\$	\$
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	\$
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	\$
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	\$
g. Pension/retirement fund payments.....	\$	\$
h. Social Security retirement (not SSI).....	\$	\$
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	\$
j. Unemployment compensation.....	\$	\$
k. Workers' compensation.....	\$	\$
l. Other (military allowances, royalty payments) (specify):	\$	\$

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

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

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

a. Dividends/interest.....	\$	LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA
b. Rental property income.....	\$	
c. Trust income.....	\$	
d. Other (specify):	\$	

7. **Income from self-employment, after business expenses for all businesses**..... \$

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

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

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

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

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

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

10. **Deductions**

a. Required union dues.....	\$	Last month FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$	
d. Child support that I pay for children from other relationships.....	\$	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$	
f. Partner support that I pay by court order from a different domestic partnership.....	\$	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$	

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

11. **Assets**

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$	Total \$ _____ \$ _____ \$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$	
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$	

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

FORM INSTRUCTIONS

FL-150

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT: _____	CASE NUMBER: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">COURT CASE NUMBER</div>
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.	<div style="border: 1px solid black; padding: 5px;"> LIST ANYONE WHO LIVES WITH YOU (INCLUDING CHILD(REN), ROOMATES, FAMILY, ETC.), THEIR AGE, THEIR RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME </div>			<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs **← CHECK ONE**

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p>b. Health-care costs not paid by insurance..... \$ _____</p> <p>c. Child care..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash)..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail..... \$ _____</p>	<p>h. LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED</p> <p>..... \$ _____</p> <p>i. \$ _____</p> <p>j. \$ _____</p> <p>k. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____</p> <p>q. Other (specify): \$ _____</p> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> <p>s. Amount of expenses paid by others \$ _____</p>
--	--

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> LIST HERE ANY PAYMENTS YOU ARE MAKING FOR VEHICLE LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC. AND THE NAME OF THE COMPANY YOU ARE PAYING. LIST HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR LAST PAYMENT. ADD UP ALL OF THE MONTHLY PAYMENT AMOUNTS AND PUT THE TOTAL IN ITEM 13. p. </div>				
		\$	\$	
		\$	\$	
		\$	\$	

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

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

I confirm this fee arrangement.

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

Date: _____

DO NOT SIGN ON THIS PAGE UNLESS COMPLETING SECTION 15

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

FORM INSTRUCTIONS

FL-150

PETITIONER: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
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 PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

16. Number of children

- a. I have (specify number): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE
EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.

b. Name of insurance company:

c. Address of insurance company:

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN.
IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

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

18. Additional expense for the children in this case

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

Amount per month

WRITE IN ANY OTHER EXPENSES IF IT APPLIES

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

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

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

Amount per month	For how many months?
\$ _____	_____
\$ _____	_____
\$ _____	_____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP

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

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

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <div style="border: 1px solid black; padding: 5px;"> <p>YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER</p> </div> <p style="text-align: right; margin-right: 50px;">FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p>	<p>FOR COURT USE ONLY</p> <div style="border: 1px solid black; padding: 20px; font-size: 24px; font-weight: bold;"> <p>SAMPLE ONLY DO NOT WRITE ON THIS COPY!</p> </div>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:</p>	
<p>PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE</p> <p>RESPONDENT/DEFENDANT: THE OTHER PARTY</p> <p>OTHER PARENT/PARTY:</p>	<p>CASE NUMBER: CASE NUMBER</p> <p>(If applicable, provide):</p> <p>HEARING DATE:</p> <p>HEARING TIME:</p> <p>DEPT.:</p>
<p>PROOF OF SERVICE BY MAIL</p>	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

SERVER'S ADDRESS
SERVER'S CITY, STATE, AND ZIP CODE

3. 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. ~~depositing~~ the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ~~placing~~ the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served: **THE OTHER PARTY'S NAME**
- b. Address: **THE OTHER PARTY'S ADDRESS**

- c. Date mailed: **DATE SERVER MAILED YOUR FORMS TO THE OTHER PARTY**
- d. Place of mailing (city and state): **CITY AND STATE WHERE THE FORMS WERE MAILED**

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

**DO NOT
CHECK ITEM
5. UNLESS
YOU ARE
INCLUDING
FL-334**

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

Date: **DATE SERVER SIGNS**

SERVER PRINTS THEIR NAME HERE

(TYPE OR PRINT NAME)

SERVER SIGNS HERE

(SIGNATURE OF PERSON COMPLETING THIS FORM)

BLANK FORMS

(To be Completed)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		
RESPONSIVE DECLARATION TO REQUEST FOR ORDER		
HEARING DATE: TIME: DEPARTMENT OR ROOM:		CASE NUMBER:

Read Information Sheet: Responsive Declaration to Request for Order (form FL-320-INFO) for more information about this form.

1. RESTRAINING ORDER INFORMATION
 - a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.

2. CHILD CUSTODY
 VISITATION (PARENTING TIME)
 - a. I consent to the order requested for child custody (legal and physical custody).
 - b. I consent to the order requested for visitation (parenting time).
 - c. I do not consent to the order requested for child custody visitation (parenting time)
 but I consent to the following order:

3. CHILD SUPPORT
 - a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-155) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I consent to guideline support.
 - d. I do not consent to the order requested but I consent to the following order:

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT
 - a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I do not consent to the order requested but I consent to the following order:

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

5. PROPERTY CONTROL
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:
-
6. ATTORNEY'S FEES AND COSTS
- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
- c. I consent to the order requested.
- d. I do not consent to the order requested but I consent to the following order:
-
7. OTHER ORDERS REQUESTED
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:
-
8. TIME FOR SERVICE / TIME UNTIL HEARING
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:
-
9. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. Attachment 10.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

 _____

(SIGNATURE OF DECLARANT)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

DECLARATION

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other *(Specify):*

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

DECLARATION

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Attorney for Plaintiff Petitioner Defendant
 Respondent Other *(Specify):*

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):	
Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

CASE NUMBER:

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

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

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

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

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

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

CASE NAME:	CASE NUMBER:
------------	--------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No *(If yes, attach a copy of the orders if you have one and provide the following information):*

Proceeding	Case number	Court <i>(name, state or tribe, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state or tribe, location)</i>
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State or Tribe	Case Number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? Yes No *(If yes, provide the following information):*

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

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

Date:

_____ <small>(NAME OF DECLARANT)</small>	_____ <small>(SIGNATURE OF DECLARANT)</small>
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NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

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

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

3. b. _____ Name of child: _____ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

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

3. b. _____ Name of child: _____ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

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

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

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

3. b. _____ Name of child: _____ *(Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

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

2. **Age and education**

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

3. **Tax information**

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

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

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

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

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$ _____	_____
b. Overtime (gross, before taxes).....	\$ _____	_____
c. Commissions or bonuses.....	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments.....	\$ _____	_____
h. Social Security retirement (not SSI).....	\$ _____	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation.....	\$ _____	_____
k. Workers' compensation.....	\$ _____	_____
l. Other (military allowances, royalty payments) (specify):	\$ _____	_____

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

a. Dividends/interest.....	\$ _____	
b. Rental property income.....	\$ _____	
c. Trust income.....	\$ _____	
d. Other (specify):	\$ _____	

7. **Income from self-employment, after business expenses for all businesses**..... \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

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

10. **Deductions**

	Last month	
a. Required union dues.....	\$ _____	
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____	
d. Child support that I pay for children from other relationships.....	\$ _____	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____	
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____	

11. **Assets**

		Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____	_____

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

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ If mortgage: (a) average principal: \$ _____ (b) average interest: \$ _____ (2) Real property taxes..... \$ _____ (3) Homeowner's or renter's insurance (if not included above)..... \$ _____ (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ c. Child care..... \$ _____ d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ _____ g. Telephone, cell phone, and e-mail..... \$ _____	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ n. Savings and investments..... \$ _____ o. Charitable contributions..... \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____ q. Other (specify): \$ _____ r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ s. Amount of expenses paid by others \$ _____
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14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

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

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

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

18. Additional expense for the children in this case

- | | Amount per month |
|---|------------------|
| a. Childcare so I can work or get job training..... | \$ _____ |
| b. Children's health care not covered by insurance..... | \$ _____ |
| c. Travel expenses for visitation..... | \$ _____ |
| d. Children's educational or other special needs <i>(specify below)</i> | \$ _____ |

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b..... | \$ _____ | _____ |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |
| (3) Child support I receive for those children..... | \$ _____ | |

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (specify) :

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing (city and state):

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

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

Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)

