

Instructions For Temporary Orders

WHEN TO USE THIS PACKET

If you believe the health and safety of your child(ren) is/are at risk if the court does not make immediate orders, you can ask the court for “temporary orders.” These orders are not the norm and are to be requested only in extreme situations to avoid irreparable harm.

STEPS TO FILE A TEMPORARY ORDER REQUEST:

You must **notify** the other party *before* 10:00 a.m. the COURT day before you file your request for temporary orders. This means if you want to file on a Monday you need to give notice before 10:00 a.m. on Friday. You must be very specific when you give notice. You must tell the other party exactly what you are filing, what you are asking for, and when you will be filing your forms. If you do not give proper prior notice, it is likely your request will be denied. The court can only consider your request for emergency orders if you give timely prior notice or you show that an exception applies. There are very few exceptions to the prior notice requirement. These exceptions are listed on the “Request for Ex Parte Orders” pleading document. If you are unable to give notice or feel notice should not be required in your case, you will need to provide facts to support the reason why you feel you should not have to comply with the notice requirement. Remember, the law is notice is required, so you are asking the court for an exception in your case. An exception will not be granted unless there is a thorough explanation with facts to support the request.

Note: Even if an explanation is provided, the court may decide not to waive the notice requirement.

1. The following forms in this packet are to be completed:

- | | |
|---|----------|
| <input type="checkbox"/> Temporary Emergency (Ex Parte) Orders | FL-305 |
| <input type="checkbox"/> Request for Ex Parte Orders | Pleading |
| <input type="checkbox"/> Request for Order | FL-300 |
| <input type="checkbox"/> Attached Declaration | MC-031 |
| <input type="checkbox"/> Declaration under Uniform Child Custody Jurisdiction Act | FL-105 |

2. You will need to make at least 2 additional copies of each form you fill out and any attachments you are including. If there is an existing custody/visitation order, you must attach a copy of the order.

Instructions for Temporary Orders

ADDITIONAL INFORMATION

3. Once the packets are completed, you must submit the original and 2 copies to the Family Law Clerk on the 2nd floor of the courthouse. Once submitted, the court will review your paperwork and decide if it will grant ex parte relief or temporary orders. If temporary orders are granted, a hearing will be set and you will need to have someone other than you, over the age of 18, personally serve the other party with the paperwork no later than 5 court days before the hearing or as otherwise ordered by the court. Whoever serves the papers must complete a Proof of Personal Service [FL-330] and file it with the court before the court date.

In your attached declaration, you must tell the court why you should be granted a temporary/emergency order. You must provide a very detailed declaration to the court explaining why you need emergency orders. The declaration must contain **facts** within your personal knowledge to show why the emergency order is needed. It is not enough to say it is “an emergency” or “the child is in danger” or “harm will occur if orders are not made.” Those statements are opinions and conclusions. You need to provide facts to support what you are asking for and facts to support your opinion regarding harm or danger. If you feel there is a chance of harm or danger, you need to explain the circumstances to the court. If you do not provide facts and a detailed description to support your request, it will not be granted.

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 the petitioner for the duration of the case.

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

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

c. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 - (a) from the state of California.
 - (b) from the following counties (*specify*):
 - (c) other (*specify*):

IF YOU WANT THE COURT TO MAKE A TEMPORARY ORDER TO PROHIBIT THE OTHER PARTY FROM TAKING THE CHILD OUT OF THE STATE OR CERTAIN COUNTIES, CHECK THE BOXES THAT APPLY

- d. **Child abduction prevention orders** are attached (see form FL-341(B)).
- e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
 The United States of America Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

- a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

CHECK ALL THE BOXES THAT APPLY TO YOUR REQUEST

- b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

- 5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

- 6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

IF THERE WASN'T A BOX FOR WHAT YOU ARE REQUESTING, CHECK THE BOX AND WRITE IT HERE

Date: **DO NOT DATE HERE**

DO NOT SIGN HERE

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

TEMPORARY EMERGENCY (EX PARTE) ORDERS

1 Name: **YOUR NAME**
2 Address: **YOUR ADDRESS**
3 **CITY, STATE, ZIP CODE**
4 Telephone: **YOUR TELEPHONE NUMBER**

6 SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO
7 FAMILY LAW DIVISION

9 **PARTY WHO INITIALLY OPENED CASE**) Case No.: **COURT CASE NUMBER**
10 Petitioner)
11 vs.) REQUEST FOR EX PARTE ORDERS
12 Respondent) **WRITE THE OTHER**
13) **PARTIES' NAME**
14 Other Parent) **THAT APPLY**

17 THIS IS A REQUEST FOR A CHANGE IN STATUS QUO.

18 I, **YOUR NAME**, declare:

CHECK THE BOX TO INDICATE WHICH PARTY YOU ARE IN THE CASE

- 19 1. I am the Petitioner Respondent Other Parent in the above-
20 referenced action.
21 2. I have information that a similar application is being filed, or has been filed
22 in Fresno County Superior Court or another court (specify):

23 **IF YOU BELIEVE THE OTHER PERSON HAS OR**
24 **WILL BE FILING A REQUEST FOR EMERGENCY**
ORDERS, WRITE THAT INFORMATION HERE

25 OR, I have no information that a similar application is being filed or has
26 been filed before any court related to the same parties in this action and
27 involving the same issues.

IF YOU DO NOT BELIEVE THE OTHER PERSON
HAS OR WILL BE FILING A REQUEST FOR
EMERGENCY ORDERS, CHECK THIS BOX

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3. **NOTICE** (If you gave notice, complete item 3a. If you did not give notice complete item 3b. or 3c.)

a. I gave notice as described in items (1) through (3).

CHECK THE BOX OF THE PARTIES YOU GAVE NOTICE TO

(1) I gave notice to (select all that apply):

- petitioner. petitioner's attorney.
- respondent. respondent's attorney.
- other parent. other parent's attorney.
- child's attorney. other (specify): _____

CHECK THE BOX INDICATING HOW YOU GAVE NOTICE

(2) I gave notice on (date): _____ at: _____ [] a.m. [] p.m.

- personally by telephone
- by fax by voicemail
- by electronic means (if permitted)
- by overnight mail or other overnight carrier

WRITE THE DATE AND TIME YOU NOTIFIED THE OTHER PARTY THAT YOU WOULD BE FILING YOUR REQUEST FOR EMERGENCY ORDERS

(3) I gave notice (select one):

CHECK A BOX THAT APPLIES TO YOUR CASE

by 10 a.m. the court day before presenting the application to the court.

after 10 a.m. the court day before presenting the application to the court because of the following exceptional circumstances (specify): _____

IF YOU DID NOT GIVE PRIOR NOTICE BECAUSE OF EXCEPTIONAL CIRCUMSTANCES, YOU MUST TELL THE COURT WHY YOU DID NOT GIVE NOTICE
PLEASE REFER TO THE TEMPORARY INSTRUCTION PAGE (1)

(4) I notified the person in 3a(1) that the following temporary emergency orders are being requested (specify): _____

YOU MUST TELL THE OTHER PARTY EXACTLY WHAT YOU ARE FILING AND WHAT YOU ARE ASKING FOR

(5) The person in 3a(1) responded as follows: _____

WRITE THE OTHER PARTY'S RESPONSE

(6) I do I do not believe that the person in 3a(1) will oppose the request for temporary emergency orders.

CHECK A BOX THAT APPLIES TO YOUR CASE

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b. **Request for waiver of notice.** Due to exceptional circumstances, I did not give notice about the request for temporary emergency orders. I ask that the court waive notice to the other party to help prevent (specify):

immediate danger or irreparable harm to myself or to the child(ren) in this case.
 an immediate risk that the child(ren) in this case will be removed from the state of California.
 other exceptional circumstances (specify): _____

CHECK A BOX THAT APPLIES TO YOUR CASE

CHECK A BOX THAT APPLIES TO YOUR CASE

Facts showing exceptional circumstances in support of the request to waive notice include (specify): _____

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IF YOU DID NOT CONTACT THE OTHER PARTY, YOU MUST TELL THE COURT THE EXCEPTIONAL CIRCUMSTANCES ON WHY YOU DID NOT GIVE NOTICE AND ARE ASKING FOR THE NOTICE TO BE WAIVED

c. **Unable to provide notice.** I did not give notice about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where the application would be presented but was unable to do so. The efforts I made to inform the other person were (specify):

WRITE DOWN EXACTLY HOW YOU TRIED TO NOTIFY THE OTHER PARTY
STATE EXACTLY WHAT ATTEMPTS YOU MADE AND WHEN YOU MADE THEM

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4. Child Custody and Visitation

a. I do not have a child custody and visitation order and I want one.
b. I have a child custody and visitation order and I want it changed.
A copy of the current order is attached (copy must be attached).

CHECK A BOX THAT APPLIES TO YOUR CASE

c. The custody and visitation practices for the last twelve months have been (specify): _____

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WRITE WHAT YOUR REGULAR CUSTODY AND VISITATION PATTERN HAS BEEN FOR THE LAST 12 MONTHS
WHO HAVE THE CHILDREN BEEN LIVING WITH?
HOW OFTEN DO THE CHILDREN VISIT WITH THE OTHER PARENT?
WHAT DAYS AND TIMES DO THE CHILDREN VISIT WITH THE OTHER PARENT?

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CHECK A BOX THAT APPLIES TO YOUR CASE

g. I have have not contacted the District Attorney's Office about the problem. The District Attorney's Office has has not opened an investigation.

h. I have have not contacted the Police or Sheriff's Department about the problem. The following people were placed under arrest:

CHECK ALL THAT APPLY

An Emergency Protective Order (EPO) was was not issued.

The EPO protects the following people: _____
_____ and expires on (date): _____.

A copy of the EPO is is not attached. I did not attach a copy because: _____

Law enforcement report number: _____.

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

Date: **TODAY'S DATE**

 PRINT YOUR NAME HERE
(TYPE OR PRINT NAME)

 SIGN YOUR NAME HERE
(SIGNATURE)

FORM INSTRUCTIONS

FL-300

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: CITY, STATE, ZIP CODE TELEPHONE NUMBER: YOUR TELEPHONE NUMBER EMAIL ADDRESS: ATTORNEY FOR (name): STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY SAMPLE ONLY DO NOT WRITE ON THIS COPY!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:	
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input checked="" type="checkbox"/>	
<input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	
CASE NUMBER: COURT CASE NUMBER	

CHECK ALL THE BOXES THAT APPLY

to change or end an order read form FL-300-INFO and form DV-300-INFO.

NOTICE OF HEARING

1. TO (name(s)): **WRITE THE OTHER PARTY'S NAME**

Petitioner Respondent Other Parent/Party Other (specify):

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

a. Date: _____

b. Address of court: **LEAVE THIS BOX BLANK**

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

COURT ORDER (FOR COURT USE ONLY)

It is ordered that:

4. <input type="checkbox"/> Time	LEAVE SECTIONS 4-8 BLANK	(date):
5. <input type="checkbox"/> A Respo):
6. <input type="checkbox"/> The part (specify)		ing counseling as follows
7. <input type="checkbox"/> The orde served v		and must be personally
8. <input type="checkbox"/> Other (s		

Date: **LEAVE BLANK** **LEAVE BLANK**
JUDICIAL OFFICER

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

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

1. <input type="checkbox"/> RESTRAINING ORDER INFORMATION One or more domestic violence restraining/protective orders are now in effect between (specify): <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other Parent/Party (Attach a copy of the orders if you have one) The orders are from the following court or courts (specify county and state): a. <input type="checkbox"/> Criminal: County/state (specify): Case No. (if known): b. <input type="checkbox"/> Family: County/state (specify): Case No. (if known): c. <input type="checkbox"/> Juvenile: County/state (specify): Case No. (if known): d. <input type="checkbox"/> Other: County/state (specify): Case No. (if known):	<div style="border: 1px solid black; padding: 5px;"> IF THERE IS A RESTRAINING ORDER IN EFFECT BETWEEN YOU AND THE OTHER PARTY, COMPLETE SECTION 1. AND ATTACH A COPY, IF YOU HAVE ONE </div>
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2. <input type="checkbox"/> CHILD CUSTODY <input type="checkbox"/> VISITATION (PARENTING TIME)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">COMPLETE THIS SECTION IF YOU ARE ASKING FOR CHILD CUSTODY/VISITATION ORDERS</div> <input type="checkbox"/> I request temporary emergency orders																				
a. I request that the court make orders about the following children (specify):	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Child's Name</td> <td style="width: 20%;">Date of Birth</td> <td style="width: 30%;"><input type="checkbox"/> Legal Custody to (person who decides: health, education, etc.):</td> <td style="width: 20%;"><input type="checkbox"/> Physical Custody to (person with whom child lives):</td> </tr> <tr> <td>CHILD #1'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> <tr> <td>CHILD #2'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> <tr> <td>CHILD #3'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> <tr> <td>CHILD #4'S NAME</td> <td>BIRTHDATE</td> <td></td> <td></td> </tr> </table>	Child's Name	Date of Birth	<input type="checkbox"/> Legal Custody to (person who decides: health, education, etc.):	<input type="checkbox"/> Physical Custody to (person with whom child lives):	CHILD #1'S NAME	BIRTHDATE			CHILD #2'S NAME	BIRTHDATE			CHILD #3'S NAME	BIRTHDATE			CHILD #4'S NAME	BIRTHDATE		
Child's Name	Date of Birth	<input type="checkbox"/> Legal Custody to (person who decides: health, education, etc.):	<input type="checkbox"/> Physical Custody to (person with whom child lives):																		
CHILD #1'S NAME	BIRTHDATE																				
CHILD #2'S NAME	BIRTHDATE																				
CHILD #3'S NAME	BIRTHDATE																				
CHILD #4'S NAME	BIRTHDATE																				
b. <input type="checkbox"/> The orders I request for <input type="checkbox"/> child custody <input type="checkbox"/> visitation (parenting time) are:	<input type="checkbox"/> Attachment 2a.																				
(1) <input type="checkbox"/> Specified in the attached forms:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CHECK BOXES THAT APPLY</div>																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Form FL-305</td> <td><input type="checkbox"/> Form FL-311</td> <td><input type="checkbox"/> Form FL-312</td> <td><input type="checkbox"/> Form FL-341(C)</td> </tr> <tr> <td><input type="checkbox"/> Form FL-341(D)</td> <td><input type="checkbox"/> Form FL-341(E)</td> <td colspan="2"><input type="checkbox"/> Other (specify):</td> </tr> </table>	<input type="checkbox"/> Form FL-305	<input type="checkbox"/> Form FL-311	<input type="checkbox"/> Form FL-312	<input type="checkbox"/> Form FL-341(C)	<input type="checkbox"/> Form FL-341(D)	<input type="checkbox"/> Form FL-341(E)	<input type="checkbox"/> Other (specify):		<div style="border: 1px solid black; padding: 2px; display: inline-block;">CHECK ALL THAT APPLY</div>												
<input type="checkbox"/> Form FL-305	<input type="checkbox"/> Form FL-311	<input type="checkbox"/> Form FL-312	<input type="checkbox"/> Form FL-341(C)																		
<input type="checkbox"/> Form FL-341(D)	<input type="checkbox"/> Form FL-341(E)	<input type="checkbox"/> Other (specify):																			
(2) <input type="checkbox"/> As follows (specify):	<input type="checkbox"/> Attachment 2b.																				
<div style="border: 1px solid black; padding: 5px;"> IF YOU CHECK THIS BOX, PROVIDE FURTHER DETAILS TO SUPPORT YOUR REQUEST IN REGARDS TO CUSTODY/VISITATION </div>	<div style="border: 1px solid black; padding: 5px;"> IF YOU NEED MORE SPACE TO PROVIDE FURTHER DETAILS, USE FORM MC-031 AND CHECK THIS BOX </div>																				
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, CHECK THE BOX OF THE FORM(S) YOU PRINTED AND ATTACHED </div>	<input type="checkbox"/> Attachment 2c.																				
c. The orders that I request are in the best interest of the children because (specify):	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> EXPLAIN WHY THE ORDERS YOU ARE REQUESTING ARE GOOD FOR YOUR CHILD(REN) </div>																				

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
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2. d. This is a change from the current order for child custody visitation (parenting time).

(1) The order for legal or physical custody was filed on (date): _____ . The court ordered (specify): _____
IF YOU ARE CHANGING AN EXISTING CUSTODY ORDER, CHECK THIS BOX

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

(2) The visitation (parenting time) order was filed on (date): _____ . The court ordered (specify): _____
IF YOU ARE CHANGING AN EXISTING VISITATION ORDER, CHECK THIS BOX

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

IF YOU ARE ASKING TO CHANGE EXISTING ORDERS, CHECK THE APPROPRIATE BOXES

3. CHILD SUPPORT **COMPLETE THIS SECTION IF YOU ARE ASKING FOR CHILD SUPPORT** Attachment 2d.
 (Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

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

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

CHILD #1'S NAME	BIRTHDATE	COMPLETE WHICH EVER ONE APPLIES
CHILD #2'S NAME	BIRTHDATE	
CHILD #3'S NAME	BIRTHDATE	
CHILD #4'S NAME	BIRTHDATE	

b. I want to change a current court order for child support filed on (date): _____ Attachment 3a.
 The court ordered child support as follows (specify): _____

COMPLETE THIS SECTION IF YOU ARE ASKING TO CHANGE AN ORDER THAT WAS PREVIOUSLY MADE

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify): _____ Attachment 3d.

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

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

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT **COMPLETE THIS SECTION IF YOU ARE ASKING FOR SPOUSAL SUPPORT**
 (Note: An *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) may be issued.)

a. Amount requested (monthly): \$ _____

b. I want the court to change end the current support order filed on (date): _____
 The court ordered \$ _____ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.
 I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.

e. The court should make, change, or end the support orders because (specify): _____ Attachment 4e.

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

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	CASE NUMBER: COURT CASE NUMBER
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5. PROPERTY CONTROL I request temporary emergency orders
 a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify):

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

b. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: _____	For: _____	Amount: \$ _____	Due date: _____
Pay to: _____	For: _____	Amount: \$ _____	Due date: _____
Pay to: _____	For: _____	Amount: \$ _____	Due date: _____
Pay to: _____	For: _____	Amount: \$ _____	Due date: _____

c. This is a change from the current order for property control filed on (date):
 d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6. ATTORNEY'S FEES AND COSTS
 I request attorney's fees and costs, which total (specify amount): \$ _____. I filed the following to support my request:

a. A current *Income and Expense Statement*
 b. A *Request for Attorney's Fees and Costs* that addresses the factors covered in that form.
 c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form [FL-158](#)) or a declaration that addresses the factors covered in that form.

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

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

IF THERE WASN'T A BOX FOR WHAT YOU ARE REQUESTING, CHECK THE BOX AND WRITE IT HERE
YOU WILL ALSO NEED TO CHECK THE "OTHER" BOX ON THE TOP OF PAGE 1 OF 4 AND WRITE A BRIEF DESCRIPTION OF THE ORDER REQUESTED

8. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:
 a. To serve the *Request for Order* no less than (number): _____ court days before the hearing.
 b. The hearing date and service of the the *Request for Order* to be sooner.
 c. I need the order because (specify): _____ Attachment 8.

9. FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. Attachment 9.

TELL THE COURT WHY YOU ARE REQUESTING THE ORDERS LISTED ON THIS FORM AND PROVIDE FACTS AND/OR EVIDENCE TO SUPPORT YOUR REQUEST

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE
(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE
(SIGNATURE OF APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form [MC-410](#)). (Civ. Code, § 54.8.)

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

DECLARATION

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

<p>BRIEFLY EXPLAIN WHY YOU ARE REQUESTING CUSTODY AND/OR VISITATION ORDERS IN THE BEST INTEREST OF THE CHILD(REN)</p>
--

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

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

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

DECLARATION

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

**BRIEFLY EXPLAIN WHY YOU ARE REQUESTING
CUSTODY AND/OR VISITATION ORDERS IN THE
BEST INTEREST OF THE CHILD(REN)**

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

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

FORM INSTRUCTIONS

FL-105/GC-120

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:</p> <p>NAME: YOUR NAME</p> <p>FIRM NAME: YOUR ADDRESS</p> <p>STREET ADDRESS: CITY, STATE, ZIP CODE</p> <p>CITY: YOUR TELEPHONE NUMBER</p> <p>TELEPHONE NO.:</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>CASE NUMBER:</p>
<p>CHECK THE APPROPRIATE BOX</p>	
<p><i>(This section applies only to probate guardianships.)</i></p> <p>GUARDIANSHIP OF (name): LEAVE BLANK</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 Attachment 3a. **CHECK THIS BOX IF APPLICABLE** Form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top of the form and provide the information for each additional child, and attach to this form.)

3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child or children and their residence history for the past five years. If the current address is confidential under Family Code Section 52.02, check the box and provide only the state of residence.) **CHECK THIS BOX IF APPLICABLE**

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

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

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

CASE NAME: PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER: COURT CASE NUMBER
--	--

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 <u>LAST</u> NAME VS RESPONDENT'S <u>LAST</u> 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:	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>		
From:	To:			
From:	To:			
From:	To:			

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

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

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

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	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:	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>		
From:	To:			
From:	To:			
From:	To:			

FORM INSTRUCTIONS

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

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

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

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

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

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

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">CURRENT ADDRESS FOR THE CHILD</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RELATIONSHIP OF PERSON TO CHILD</div>
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: 0 auto;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>		
From:	To:			
From:	To:			
From:	To:			

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

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

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

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">CURRENT ADDRESS FOR THE CHILD</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div> <input type="checkbox"/> Confidential (list state only)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RELATIONSHIP OF PERSON TO CHILD</div>
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: 0 auto;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>		
From:	To:			
From:	To:			
From:	To:			

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address)</i>	FOR COURT USE ONLY
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER </div> FAX NO.:	<div style="border: 2px solid black; padding: 20px; font-size: 24pt; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME:	CASE NUMBER: CASE NUMBER
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE RESPONDENT/DEFENDANT: THE OTHER PARTY OTHER PARENT/PARTY:	<i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

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

WRITE IN THE NAME(S) AND THE FORM(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY

4. By personally delivering copies to the person served, as follows:

a. Date: DATE DOCUMENTS WERE SERVED b. Time: THE EXACT TIME THE PAPERS WERE HANDED TO THE OTHER PARTY (AM/PM)
 c. Address: ADDRESS WHERE DOCUMENTS WERE SERVED

CHECK ONE BOX

5. I am

a. <input type="checkbox"/> not a registered California process server. b. <input type="checkbox"/> a registered California process server. c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). e. <input type="checkbox"/> a California sheriff or marshal.
--	---

6. My name, address, and telephone number, and, if applicable, county of registration and number (*specify*):

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

CHECK EITHER BOX 7 OR 8

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: DATE SERVER SIGNS

SERVER PRINTS THEIR NAME HERE

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

SERVER SIGNS HERE

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

1. **TO (name(s)):** _____
 Petitioner Respondent Other Parent/Party Other (specify):

A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room: _____
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial.

COURT ORDERS: The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order:

3. **CHILD CUSTODY**

a. Child's name

Date of Birth

Temporary physical custody, care, and control to:

Petitioner	Respondent	Other Party/Parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 3(a)

b. **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

See Attachment 3(b)

THIS IS A COURT ORDER.

TEMPORARY EMERGENCY (EX PARTE) ORDERS

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. **CHILD CUSTODY (continued)**
 c. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 - (a) from the state of California.
 - (b) from the following counties (*specify*):
 - (c) other (*specify*):

d. **Child abduction prevention orders** are attached (see form FL-341(B)).

- e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
 The United States of America Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

Date: _____

 JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

TEMPORARY EMERGENCY (EX PARTE) ORDERS

1 Name: _____
2 Address: _____
3 _____
4 Telephone: _____
5

6 SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO
7 FAMILY LAW DIVISION
8

9 _____) Case No.: _____
10 Petitioner)
11 vs.) REQUEST FOR EX PARTE ORDERS
12 _____)
13 Respondent)
14 _____)
15 Other Parent)
16

17 THIS IS A REQUEST FOR A CHANGE IN STATUS QUO.

18 I, _____, declare:

- 19
- 20 1. I am the [] Petitioner [] Respondent [] Other Parent in the above-
 - 21 referenced action.
 - 22 2. I have information that a similar application is being filed, or has been filed
 - 23 in Fresno County Superior Court or another court (specify):

24 _____
25 _____.

26 OR, [] I have no information that a similar application is being filed or has
27 been filed before any court related to the same parties in this action and
28 involving the same issues.

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3. **NOTICE** (If you gave notice, complete item 3a. If you did not give notice complete item 3b. or 3c.)

a. I gave notice as described in items (1) through (5) below:

(1) I gave notice to (select all that apply):

petitioner. petitioner's attorney.

respondent. respondent's attorney.

other parent. other parent's attorney.

child's attorney. other (specify): _____

(2) I gave notice on (date): _____ at: _____ a.m. p.m.

personally by telephone

by fax by voicemail

by electronic means (if permitted)

by overnight mail or other overnight carrier

(3) I gave notice (select one):

by 10 a.m. the court day before presenting the application to the court.

after 10 a.m. the court day before presenting the application to the court because of the following exceptional circumstances (specify): _____

(4) I notified the person in 3a(1) that the following temporary emergency orders are being requested (specify): _____

(5) The person in 3a(1) responded as follows: _____

(6) I do do not believe that the person in 3a(1) will oppose the request for temporary emergency orders.

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b. **Request for waiver of notice.** Due to exceptional circumstances, I did not give notice about the request for temporary emergency orders. I ask that the court waive notice to the other party to help prevent (specify):
[] immediate danger or irreparable harm to myself or to the child(ren) in this case.
[] an immediate risk that the child(ren) in this case will be removed from the state of California.
[] other exceptional circumstances (specify): _____

Facts showing exceptional circumstances in support of the request to waive notice include (specify): _____

c. **Unable to provide notice.** I did not give notice about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where the application would be presented but was unable to do so. The efforts I made to inform the other person were (specify): _____

4. Child Custody and Visitation

a. [] I do not have a child custody and visitation order and I want one.
b. [] I have a child custody and visitation order and I want it changed. A copy of the current order is attached (copy must be attached).
c. The custody and visitation practices for the last twelve months have been (specify): _____

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g. I have have not contacted the District Attorney's Office about the problem. The District Attorney's Office has has not opened an investigation.

h. I have have not contacted the Police or Sheriff's Department about the problem. The following people were placed under arrest:

_____.

An Emergency Protective Order (EPO) was was not issued.

The EPO protects the following people: _____

_____ and expires on (date): _____.

A copy of the EPO is is not attached. I did not attach a copy because: _____

_____.

Law enforcement report number: _____.

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

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*):

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	CASE NUMBER:

Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO.

NOTICE OF HEARING

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

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room.: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):
--

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

4. Time for service until the hearing is shortened. Service must be on or before (date):
5. A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
6. The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7. The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. Other (specify):

Date: _____

JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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REQUEST FOR ORDER

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

1. **RESTRAINING ORDER INFORMATION**
 One or more domestic violence restraining/protective orders are now in effect between *(specify)*:
 Petitioner Respondent Other Parent/Party *(Attach a copy of the orders if you have one.)*
 The orders are from the following court or courts *(specify county and state)*:
- a. Criminal: County/state *(specify)*: Case No. *(if known)*:
 - b. Family: County/state *(specify)*: Case No. *(if known)*:
 - c. Juvenile: County/state *(specify)*: Case No. *(if known)*:
 - d. Other: County/state *(specify)*: Case No. *(if known)*:
2. **CHILD CUSTODY** I request temporary emergency orders
 VISITATION (PARENTING TIME)
- a. I request that the court make orders about the following children *(specify)*:
- | Child's Name | Date of Birth | <input type="checkbox"/> Legal Custody to <i>(person who decides: health, education, etc)</i> : | <input type="checkbox"/> Physical Custody to <i>(person with whom child lives)</i> : |
|--------------|---------------|---|--|
| | | | |
- b. The orders I request for child custody visitation (parenting time) are: Attachment 2a.
- (1) Specified in the attached forms:
- Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
 Form FL-341(D) Form FL-341(E) Other *(specify)*:
- (2) As follows *(specify)*: Attachment 2b.
- c. The orders that I request are in the best interest of the children because *(specify)*: Attachment 2c.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. d. This is a change from the current order for child custody visitation (parenting time).
- (1) The order for legal or physical custody was filed on (date): _____ . The court ordered (specify): _____
- (2) The visitation (parenting time) order was filed on (date): _____ . The court ordered (specify): _____

Attachment 2d.

3. CHILD SUPPORT
 (Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))
- a. I request that the court order child support as follows:
- Child's name and age I request support for each child Monthly amount (\$) requested
 based on the child support guideline. (if not by guideline)

Attachment 3a.

- b. I want to change a current court order for child support filed on (date): _____
 The court ordered child support as follows (specify): _____
- c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.
- d. The court should make or change the support orders because (specify): _____ Attachment 3d.

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT
 (Note: An *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) may be issued.)
- a. Amount requested (monthly): \$ _____
- b. I want the court to change end the current support order filed on (date): _____
 The court ordered \$ _____ per month for support.
- c. This request is to modify (change) spousal or partner support after entry of a judgment.
 I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.
- d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
- e. The court should should make, change, or end the support orders because (specify): _____ Attachment 4e.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. PROPERTY CONTROL I request temporary emergency orders
- a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (*specify*):
- b. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- c. This is a change from the current order for property control filed on (*date*):
- d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.
6. ATTORNEY'S FEES AND COSTS
- I request attorney's fees and costs, which total (*specify amount*): \$ _____ . I filed the following to support my request:
- a. A current *Income and Expense Declaration* (form FL-150).
- b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
7. OTHER ORDERS REQUESTED (*specify*): Attachment 7.
8. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:
- a. To serve the *Request for Order* no less than (*number*): _____ court days before the hearing.
- b. The hearing date and service of the the *Request for Order* to be sooner.
- c. I need the order because (*specify*): Attachment 8.
9. FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. Attachment 9.

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

Date:

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(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:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No *(If yes, attach a copy of the orders if you have one and provide the following information):*

Proceeding	Case number	Court <i>(name, state 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:

_____ (NAME OF DECLARANT)	_____ (SIGNATURE OF DECLARANT)
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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 (name 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:			

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address)</i> <hr/> <p style="text-align: center;">TELEPHONE NO.: FAX NO.:</p> <p>ATTORNEY FOR <i>(Name)</i>:</p>	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: <div style="text-align: center;"><i>(If applicable, provide):</i></div> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

4. By personally delivering copies to the person served, as follows:

a. Date:	b. Time:
c. Address:	

5. I am

a. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	e. <input type="checkbox"/> a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)		(SIGNATURE OF PERSON WHO SERVED THE PAPERS)
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