Superior Court of California, County of Contra Costa

DOMESTIC VIOLENCE RESTRAINING ORDER

Forms Packet "B"

What you will find in this packet:

- **Additional Resources** (FamLaw-101-INFO)
- **Interpreter Request** (MC-300e&s)
- **Requirements for Filing Court Papers** (MC-500-INFO)
- **Domestic Violence Prevention Act Restraining Order Forms Instructions** (FamLaw-22a)
- **Confidential Information for Law Enforcement** (CLETS-001)
- **Child Custody, Visitation, and Support Request Forms** (DV-105)
- **City and State Where Children Live (DV-105(A))**
- **Request for Order: No Travel with Children** (DV-108)
- **Child Custody and Visitation Order** (DV-140)
- **Order: No Travel With Children** (DV-145)
- **Income and Expense Declaration** (FL-150) 2 copies

You Can Get Court Forms FREE at: www.cc-courts.org/forms

If you don't find what you're looking for here, you may want to check out the additional resources listed on the back of this page

~ Additional Resources ~

Contra Costa Superior Court
www.cc-courts.org/family/family-law.aspx

Family Law court is for people who are ending a marriage or other committed relationship, dividing what they own and owe, working out child custody and visitation issues, dealing with child support or spousal support, addressing domestic violence issues, or identifying a child's legal parents.

Often, people involved in court cases need more than just legal help. It's important that you understand what is happening to you and get the help you need. For some suggestions about where to get other help, go to the **California Court's Self-Help Center** at **selfhelp.courts.ca.gov** or check out one of the sites below:

Contra Costa County Bar Association's Lawyer Referral Service
www.cccba.org/community/find-a-lawyer/index.php

Contra Costa County (CA) Resource Center (211)

cccc.myresourcedirectory.com

Legal glossaries in 12 languages, prepared by the Superior Court in Sacramento
www.saccourt.ca.gov

A Guide to California's Free Website for Legal Help
www.lawhelpcalifornia.org

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Bar A s s o c i a t i o n

is proud to sponsor
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MODERATE MEANS PROGRAM

IF you qualify*,
we will refer you to an experienced Family Law Attorney
who has agreed to represent clients at a reduced rate.
Please telephone us at:

925 / 677- 0234

Monday - Friday 1:00-4:00 p.m.

**This is not a low income or pro-bono service.*

Superior Court of California, County of Contra Costa

Interpreter Request

If you need an interpreter, please complete the form below and submit it to any Filing Window or courtroom.

Case Number: _____

Case Type:

- ☐ Criminal
- ☐ Traffic
- ☐ Civil Harassment
- ☐ Conservatorship
- ☐ Proceedings to terminate parental rights
- ☐ Dependent Adult Abuse
- ☐ Juvenile
- ☐ Small Claims – ($10,000 or less)
- ☐ Civil - ☐ $25,000 ☐ over $25,000
- ☐ Civil – Other _____
- ☐ Family Law
- ☐ Unlawful Detainer
- ☐ Guardianship
- ☐ Elder Abuse

Party Requesting Interpreter:_____

Is interpreter for a witness? ☐ Yes ☐ No

Phone Number(s) where party can be reached: _____

Date of Hearing: _____ Time of Hearing: _____

Department: _____ Location: ☐ Martinez ☐ Pittsburg ☐ Richmond ☐ Walnut Creek

Language Needed: ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese

☐ Other: _____

To avoid the risk that your hearing will have to be postponed, please submit this form a minimum of one week in advance.

Current information about this program is available at our website:
www.cc-courts.org/interpreter

Superior Court of California, County of Contra Costa

Solicitud Para Intérprete

Si necesita un intérprete, favor completar este formulario y presentarlo en cualquier ventanilla para archivar documentos o con la secretaria del tribunal.

Número de Caso:_____

Tipo de Caso:

- ☐ Criminal
- ☐ Tráfico
- ☐ Acoso Civil
- ☐ Conservador
- ☐ Casos para Terminar Derechos de Madre o Padre
- ☐ Abuso de Adultos Incapacitados
- ☐ Tribual de Menores
- ☐ Demanda Civil – ($10,000 o menos)
- ☐ Demanda Civil -
  ☐ $25,000 ☐ más de $25,000
- ☐ Civil – otro tipo _____
- ☐ Casos de Familia
- ☐ Juicio de Desalojo
- ☐ Tutela
- ☐ Abuso de Personas Mayores

Persona que Necesita Intérprete: _____

☐ Marque aquí si esta persona es un testigo

Número Telefónico: _____

Fecha de la Audiencia Judicial: _____ Hora: _____

Departmento: _____ Ciudad: ☐ Martinez ☐ Pittsburg ☐ Richmond ☐ Walnut Creek

Idioma Solicitado: ☐ Español ☐ Mandarín ☐ Cantonés ☐ Vietnamita

☐ Otro Idioma: _____

Para evitar la posibilidad que su audiencia sea aplazada, favor the presentar este formulario al menos una semana antes de la fecha de su audiencia.

Información actualizada acerca de este servicio se encuentra en nuestra página web: www.cc-courts.org/interpreter

The Clerk of the Court cannot accept for filing any papers that do not comply with California Rules of Court 2.100 et seq. (CRC 2.118)

To avoid having your papers rejected by the clerk:

Use Judicial Council forms whenever possible

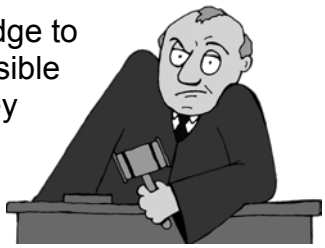
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at http://www.courts.ca.gov/forms.htm.

If the form you need is not on the Judicial Council website, you will have to make your own form which follows these rules

1. White or unbleached paper – 8 1/2 by 11 inches
2. One-sided paper – only one side of each page may be used
3. 12 pt font (Courier, Times New Roman, Arial or equivalent (Handwritten papers are OK – but write legibly)
4. Line spacing - One and one-half or double-spaced (use pleading paper – either the Judicial Council form MC-20 or create your own using the legal template in your word processor)
5. Margins – at least 1 inch from the left edge and ½ inch from right edge
6. Page Numbers – pages must be numbered consecutively on the bottom (1, 2, 3 …)
7. Binding – Original and copies must be firmly bound (e.g. stapled) AND the Original must be 2-hole punched at the top.

You will need the **Original document**, signed in ink (blue is best), and correct number of identical copies (***original for the Court, a copy for each party***) for the clerk to file.

The Rules are important – Remember - You want the Judge to understand what you have written. Don't make that impossible by submitting papers that are too hard to read because they are upside down, the print is too small or too light, or the pages have fallen out of the file because they are too small or too large and/or not properly fastened.



Superior Court of California, County of Contra Costa

DOMESTIC VIOLENCE PREVENTION ACT RESTRAINING ORDER FORMS

Instructions

To be used with Packet "A" when you have minor children with the person to be restrained.

To be used to obtain the Temporary Restraining Order (TRO) in addition to the forms in Packet A.:

- *Child Custody and Visitation Order* (DV-140)
- *Order: No Travel With Children* (optional) (DV-145)
- *Child Custody, Visitation, and Support Request* (DV-105)
- *City and State Where Children Lived* (DV-105(A))
- *Request for Order: No Travel With Children* (optional) (DV-108)
- *Income and Expense Declaration* (FL-150) 2 copies included

If you are asking for child support and/or spousal support, you must fill out and file the Income and Expense Declaration (FL-150). It must be filed either with your Temporary Restraining Order, or no later than 10 days before your hearing.

DO NOT COMPLETE THE SECOND COPY OF FL-150. LEAVE IT BLANK.

Serve the BLANK FL-150 on the other party with the rest of the documents that are being served.

CLETS-001 Confidential Information for Law Enforcement

Instructions: If you are asking for a restraining order, you must complete this form and give it to the court clerk, along with the other court forms required in your case. If the judge grants the restraining order, information you give on this form will be entered into a database (called CLETS) to help law enforcement enforce the order. If information changes later, you may complete this form again and turn it in to the court.

To Court Clerk: Do not file this form. The information on this form must be entered into the protective order registry in CLETS.

Court fills in case number when form is received.

Case Number:

Information that has a star (*) next to it is required. All other information is helpful.

Date received by court: _____

1 Person You Want a Restraining Order Against

***Name**: _____

Other names used: _____

Marks, scars, or tattoos: _____ SSN: _____

Telephone: _____ Driver's license *(number and state)*: _____

Vehicle type: _____ Model: _____ Year: _____ Plate number: _____

Name of employer and address: _____

Does the person speak English? ☐ Yes ☐ I don't know ☐ No *(list language)*: _____

Does the person have any firearms (guns), firearm parts, ammunition, or body armor?

☐ No ☐ I don't know

☐ Yes *(Give any information you have below, like the type, amount, or location of any items, if known.)*

_____

_____

2 *Your Name: _____

(Skip 3 and 4 if you are asking for a gun violence restraining order (form GV-100).)

3 Your Information

***Age**: _____ Date of Birth *(month, day, year)*: _____ ***Gender**: ☐ M ☐ F ☐ X (nonbinary)

Race: _____ Telephone: _____

Do you speak English? ☐ Yes ☐ No *(list language)*: _____

4 Other People You Want Protected

***Name**: _____ ***Gender**: _____ Race: _____ Date of Birth: _____

***Name**: _____ ***Gender**: _____ Race: _____ Date of Birth: _____

***Name**: _____ ***Gender**: _____ Race: _____ Date of Birth: _____

***Name**: _____ ***Gender**: _____ Race: _____ Date of Birth: _____

☐ Check here if you have more people to list. Write them on a separate piece of paper, write "Item 4" at the top, and attach it to this form.

This is not a Court Order—Do not place in court file.

DV-105 Request for Child Custody and Visitation Orders

Case Number:

This form is attached to form DV-100. *(Use this form to request orders for children you have with the person in (2).)*

(1) Your Information

Name: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe):* _____

(2) Person You Want Protection From

Name: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe):* _____

(3) Children Under 18 Years Old *(list from oldest to youngest)*

a. Name: _____ Date of birth: _____
b. Name: _____ Date of birth: _____
c. Name: _____ Date of birth: _____
d. Name: _____ Date of birth: _____

☐ *(Check here if you need more space. Write "DV-105, Children" at the top and attach it to this form.)*

(4) City and State Where Children Lived

a. Have all the children listed in (3) lived together for the last five years?

☐ Yes *(Complete section 4b.)*
☐ No *(If no, do not complete the section below. Instead, use form DV-105(A)).*

b. List where the child or children have lived for the last five years. Start with their current location.

Dates (month/year)	City, State, and Tribal Land	Children lived with *(check all that apply):* Me	Person in (2)	Other*
From: _____ To present	_____ ☐ Check here if you want to keep your current location private. List the state only.	☐	☐	☐
From: _____ Until: _____	_____	☐	☐	☐
From: _____ Until: _____	_____	☐	☐	☐
From: _____ Until: _____	_____	☐	☐	☐
From: _____ Until: _____	_____	☐	☐	☐
From: _____ Until: _____	_____	☐	☐	☐
From: _____ Until: _____	_____	☐	☐	☐

Other* *(relationship to child):* _____

This is not a Court Order.

Case Number:

5 History of Court Cases Involving Your Children

a. Do you know about any other case involving any child listed in 3?

☐ No

☐ Yes *(If yes, complete section below.)*

(Check all that apply. List where it was filed (city, state, or tribe), year it was filed, and case number, if known.)

☐ Custody _____

☐ Divorce _____

☐ Juvenile Court *(child welfare, juvenile justice)* _____

☐ Guardianship _____

☐ Criminal _____

☐ Other *(example: child support case)* _____

b. Is there a current order for custody or visitation in effect?

☐ No

☐ Yes *(Complete the section below.)*

What did the judge order? *(Examples: who has custody of the children and what is the visitation schedule)*

_____

_____

_____

_____

_____

(Attach a copy of the order, if you have one.)

Why do you want to change the order?

_____

_____

_____

_____

_____

c. If there is another parent or legal guardian besides you and the person in 2, complete the section below.

Name: _____ ☐ Parent ☐ Legal Guardian

This is not a Court Order.

Orders a Judge Can Make to Protect Your Children

To ask for orders to protect your children, answer the questions below.

6 Do you want to limit where the person in 2 can travel with your children?

☐ No

☐ Yes *(Complete the section below):*

I ask the judge to order that the person in 2 must have written permission from me, or a court order, to take the children outside:

☐ The county of *(list):* _____

☐ California

☐ Other places *(list):* _____

7 Do you want the person in 2 to have access to the children's records or information?

☐ Yes

☐ No *(Complete the section below):*

a. I ask the judge to order that the person in 2 **not** access or have access to the records or information for:

☐ All the children listed in 3.

☐ Only the children listed here *(names):* _____

b. For the following records or information *(check all that apply):*

☐ Medical, dental, and mental health

☐ School and daycare

☐ Extracurricular activity, including summer camps and sports teams

☐ Child's employment (including volunteer and unpaid positions)

☐ Other *(describe):* _____

(If the judge makes this order, providers will not be able to release the protected information to the person in 2.)

8 Do you believe the person in 2 might abduct (kidnap) your children?

☐ No

☐ Yes (To ask for orders to help prevent abduction, you must complete form DV-108, *Request for Orders to Prevent Child Abduction,* and attach it to this form.)

This is not a Court Order.

Child Custody

You can ask a judge to make custody orders for your children. There are two types of custody in California: legal and physical custody.

- **Legal custody** means the person that makes decisions about the child's health, education, and welfare.
- **Physical custody** means the person that the child regularly lives with.

For both types of custody, parents can share custody (joint) or one parent can have full custody (sole).

9 Do you want the judge to make child custody orders?

☐ No

☐ Yes *(Complete the section):*

Legal Custody *(check one):*

☐ Sole to me
☐ Sole to person in (2)
☐ Jointly (shared) by me and person in (2).
☐ Other *(describe):*

_____

Physical Custody *(check one):*

☐ Sole to me
☐ Sole to person in (2)
☐ Jointly (shared) by me and person in (2).
☐ Other *(describe):*

_____

Visitation (Parenting Time) with Children

You can ask a judge to make decisions about when your child spends time with the person in (2). This is called parenting time or visitation. It means the schedule and exact times each parent spends with the child. If a parent does not get custody, that parent can have parenting time with the child if a judge believes it is safe and in the child's best interest. Answer the questions below to tell the judge what parenting time you want right now for person in (2). Any orders the judge makes are temporary for now. They last until the court date (about three weeks away). On your court date, the judge can change or extend the orders.

10 Do you want the person in (2) to have visits (parenting time) with the children?

☐ No, I ask the judge to order that person in (2) have no visits. (*Stop here. You have finished completing this form.*)

☐ Yes (*Go to* (11).)

11 Do you want visits with the children to be supervised (monitored) by a third-party?

(To learn about supervised visitations, go to: *https://selfhelp.courts.ca.gov/guide-supervised-visitation*.)

☐ Yes (*Go to* (12).)

☐ No (*Go to* (13).)

Case Number:

(12) Details of Supervised (Monitored) Visits

(Complete a and b):

a. Who do you want to supervise the visits?

(Check one):

☐ Nonprofessional, like a trusted relative or friend *(list name, if known):* _____

☐ Professional *(list name, if known):* _____

Professional fees paid by: Me ____ % Person in (2) ____ % Other: _____ ____ %

b. How often and how long should the visits be?:

(Check one):

☐ Once a week, for *(number of hours):* _____

☐ Twice a week, for *(number of hours):* _____ each visit.

☐ Other *(describe):* _____

☐ Check here if you want to use the chart listed below for a schedule.

Schedule for Supervised Visits

*(List the days and times the **person in** (2) should visit with the children.)*

	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start:		
	End, if applies:		
Tuesday	Start:		
	End, if applies:		
Wednesday	Start:		
	End, if applies:		
Thursday	Start:		
	End, if applies:		
Friday	Start:		
	End, if applies:		
Saturday	Start:		
	End, if applies:		
Sunday	Start:		
	End, if applies:		

Follow the schedule listed above *(check one):*

☐ Every week ☐ Every other week ☐ Other _____

Start date for visits *(month, day, year)* _____

(! If you completed (12), you are done completing this form. Do not complete (13).)

Case Number:

13 Details of Unsupervised Visits

(Complete a and b):

a. If the judge allows the person in (2) to have unsupervised visits with your children, you will have to tell the judge how you want to handle drop-off and pick-up of the children, also called child exchanges. Do you want child exchanges to be supervised by a third-party?

☐ No

☐ Yes *(Complete the section below):*

Who do you want to supervise the exchanges? *(Check one):*

☐ Nonprofessional, like a trusted relative or friend *(list name, if known):* _____

☐ Professional *(list name, if known):* _____

Professional fees paid by: Me ____ % Person in (2) ____ % Other: _____ ____ %

b. Describe the parenting time you want the person in (2) to have with the children.

(Use the lines **or** chart below to explain what days and times the person in (2) should visit with the children. Give details including when visits will happen, how often the visits should be, and who will be responsible for transporting the children.)

_____

_____

_____

Schedule for Unsupervised Visits

	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start:		
	End, if applies:		
Tuesday	Start:		
	End, if applies:		
Wednesday	Start:		
	End, if applies:		
Thursday	Start:		
	End, if applies:		
Friday	Start:		
	End, if applies:		
Saturday	Start:		
	End, if applies:		
Sunday	Start:		
	End, if applies:		

Follow the schedule listed above *(check one):*

☐ Every week ☐ Every other week ☐ Other _____

Start date for visits *(month, day, year)* _____

DV-105(A) City and State Where Children Lived

Case Number:

1 This form is attached to *(check one)*:

- ☐ DV-105 *(For person in 1: Use this form if you have children that have not lived together for the last five years.)*
- ☐ DV-125 *(For person in 2: Use this form to list where your children have lived for the last five years.)*
- ☐ DV-305 *(Use this form if you have children who have not lived together for the last five years.)*
- ☐ DV-325 *(Use this form to list where your children have lived for the last five years.)*

2 List where the child or children have lived for the last five years. Start with their current location.

a. Name of child or children: _____

b. Dates (month/year)	City and State *(include tribal land, if applies)*	Children lived with *(check all that apply)*: Person in 1	Person in 2	Other *(relationship to child)*
From: _____ To present	☐ Check here if this address is private (confidential). List the state only.	☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____

3 List another child or children who have not lived with the child or children listed above. List where they have lived for the last five years. Start with their current location.

a. Name of child or children: _____

b. Dates (month/year)	City and State *(include tribal land, if applies)*	Children lived with *(check all that apply)*: Person in 1	Person in 2	Other *(relationship to child)*
From: _____ To present	☐ Check here if this address is private (confidential). List the state only.	☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____
From: _____ Until: _____		☐	☐	☐ _____

☐ Check here to list other children with a different residence history than the children you've already listed. Use another form DV-105(A) and attach it to this form.

This is not a Court Order.

DV-108 Request for Orders to Prevent Child Abduction

Case Number:

This form is attached to DV-105, *Request for Child Custody and Visitation Orders.*

(Use this form to ask for protection if you believe that the person in (2) might take the children without your permission and hide them from you.)

(1) Your Name: _____

(2) Name of Person You Want Protection From: _____

(3) Reasons I Am Afraid of Child Abduction

(In this section, explain to the judge why you believe there is a risk that the person in (2) will take your children without your permission and hide them from you. The judge will use the information below to decide whether to grant any orders you request on page 2.)

The person in (2) *(check all that apply):*

a. ☐ Has violated or threatened to violate a custody or visitation order.

b. ☐ Does not have strong ties to California.

c. ☐ Has done things recently that make it easy to take our children, like *(check all that apply):*

- ☐ Quit a job
- ☐ Closed a bank account
- ☐ Sold or gotten rid of property
- ☐ Sold a home or ended a lease
- ☐ Applied for a passport, birth certificate, or school or medical records
- ☐ Hidden or destroyed documents
- ☐ Other *(explain):* _____

d. ☐ Has a history of:

- ☐ Abusing me
- ☐ Child abuse
- ☐ Abusing other partners
- ☐ Taking away or hiding our children from me
- ☐ Threatening to take away or hide our children from me
- ☐ Not cooperating with me in parenting

e. ☐ Has a criminal record

f. ☐ Has strong ties in:

- ☐ Another county in California *(list county):* _____
- ☐ Another state *(list state):* _____
- ☐ Another country *(list country):* _____

g. ☐ Is a citizen of another country *(list country or countries):* _____

Does the person in (2) have strong family, cultural, or emotional ties to that country? ☐ Yes ☐ No

Give examples or reasons for your answers above:

_____

_____

_____

_____

The statements made above are made under penalty of perjury as declared on the request form (DV-100, (32)).

This is not a Court Order.

Case Number:

Orders a Judge Can Make to Prevent Abduction

In this section, you can ask for orders to prevent the person in (2) from abducting (kidnapping) your children.

Check all the orders that you want a judge to make (order).

(4) ☐ Do Not Move With Children Without Permission

I ask the judge to order that the person in (2) not move with our children without my written permission or the judge's permission.

(5) ☐ Turn In and Do Not Apply for Passports or Other Important Documents

I ask the judge to order the person in (2) to not apply for passports or other documents that can be used for travel, like visas and birth certificates, and to turn in the following documents: _____

by *(date):* _____ to *(name of person to give documents to):* _____

(6) ☐ Provide Travel Plan and Documents

If the person in (2) is allowed to travel with our children, the person in (2) should be ordered to give me:

(Check all that apply.)

- ☐ Children's travel schedule
- ☐ Copies of round-trip airline tickets
- ☐ Addresses and telephone numbers where the children can be reached
- ☐ An open airline ticket for me in case the children are not returned.
- ☐ Other *(describe):* _____

(7) ☐ Notify Other State of Travel Restrictions

I ask the judge to order the person in (2) to register this order with

(list county and state): _____ before the children can travel to that state for visits.

(8) ☐ Notify Foreign Embassy or Consulate of Passport Restrictions

I ask the judge to order the person in (2) to notify *(name of embassy or consulate):* _____

of this order and to file proof of the notification with the court by *(date):* _____

(9) ☐ Foreign Custody and Visitation Order

I ask the judge to order the person in (2) to get a custody and visitation order equal to the most recent U.S. order before the child can travel to *(list country):* _____ for visits.

(Note that foreign orders may be changed or enforced depending on the laws of the country.)

(10) ☐ Post a Bond

I ask the judge to order the person in (2) to post a bond for $ _____.

If the person in (2) takes the children without my permission, I can use this money to bring the children back.

This is not a Court Order.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form | Save this form | Clear this form

DV-140 Child Custody and Visitation Order

Case Number:

This form is attached to *(check one):* ☐ DV-110 ☐ DV-130

1 Name of Protected Person: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe):* _____

2 Name of Restrained Person: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe):* _____

3 ☐ Children Under 18 Years Old

a. Name: _____ Date of birth: _____
b. Name: _____ Date of birth: _____
c. Name: _____ Date of birth: _____
d. Name: _____ Date of birth: _____

☐ (Check here if you have more children to list. On a separate piece of paper write "DV-140, Children" at the top and attach it to this form.)

4 ☐ No Travel With Children Without Permission

☐ Person in 1 ☐ Person in 2 ☐ Other *(name):* _____

must have written permission from the other parent, or a court order, to take the children outside of:

a. ☐ County of *(list):* _____
b. ☐ State of California
c. ☐ United States
d. ☐ Other place(s) *(list):* _____

5 ☐ Stop Access to Children's School, Health, and Other Information

a. The person in 2 must not access or have access to the records or information for:
   ☐ All the children listed in 3.
   ☐ Only the children listed here *(names):* _____

b. From the following *(check all that apply):*
   ☐ Medical, dental, and mental health providers
   ☐ School and daycare providers
   ☐ Extracurricular activity providers, including summer camps and sports teams
   ☐ Child's employers (including volunteer and unpaid positions)
   ☐ Other *(describe):* _____

! If you are a provider listed above, you must not release information or records regarding the children listed in 5a to the person in 2.

This is a Court Order.

6 ☐ Judge's Decision on Request for Orders to Prevent Child Abduction *(attach form DV-145)*

7 ☐ Child Custody

a. Legal Custody *(The person that makes decisions about the child's health, education, and welfare.)*

☐ Sole to Person in (1) ☐ Jointly (shared) by persons in (1) and (2).

☐ Sole to Person in (2) ☐ Other *(describe):* _____

b. Physical Custody *(The person that the child regularly lives with.)*

☐ Sole to Person in (1) ☐ Jointly (shared) by persons in (1) and (2).

☐ Sole to Person in (2) ☐ Other *(describe):* _____

c. If the judge granted sole or joint custody to the person in (2), the judge must explain why.

(For judge to complete. Check all that apply):

☐ Judge's reasons given at the hearing *(See minute order or ask for the transcript.)*

☐ Judge's reasons listed here: _____

_____

_____

8 ☐ Person in (2) must have no visitation with children until further order of the court.

(If this form is attached to form DV-110, *Temporary Restraining Order*, this means that the judge has stopped your right to visit with your children temporarily. If you do not agree with this order, attend your court hearing.)

9 ☐ Supervised (Monitored) Visitation with Children

a. Person to be supervised: ☐ Person in (1) ☐ Person in (2) by:

☐ Nonprofessional *(name and relationship to child, if known):* _____

☐ Professional *(name, if known):* _____

(1) Fees paid by: Person in (1) ____ % Person in (2) ____ % Other: _____ ____ %

(2) Person in (1) contact provider by *(date):* _____

Person in (2) contact provider by *(date):* _____

b. Provider's contact information, if known

Address: _____ Telephone: _____

c. Schedule of supervised visits

(1) ☐ Once a week, for *(number of hours):* _____

(2) ☐ Twice a week, for *(number of hours):* _____ each visit.

(3) ☐ Follow the Visitation Schedule listed in (12).

(4) ☐ Other schedule *(describe):* _____

This is a Court Order.

10 ☐ Supervised (Monitored) Child Exchanges *(Use item 11 to describe visitation schedule.)*

a. Person to be supervised: ☐ Person in 1 ☐ Person in 2 by:

☐ Nonprofessional *(name and relationship to child):* _____

Safe location for exchanges: _____

(For more information on safe locations, go to *https://selfhelp.courts.ca.gov/guide-supervised-visitation*.)

☐ Professional *(list name, if known):* _____

(1) Fees paid by: Person in 1 ____ % Person in 2 ____ % Other: _____ ____ %

(2) Person in 1 contact provider by *(date):* _____

Person in 2 contact provider by *(date):* _____

(3) Location of exchanges to be decided by provider.

b. Provider's contact information, if known:

Address: _____ Telephone: _____

11 ☐ Visits With No Supervision (Unmonitored)

a. If the judge granted unsupervised visits to the person in 2, the judge must explain why.

(For judge to complete. Check all that apply):

☐ Judge's reasons given at the hearing *(See minute order or ask for the transcript.)*

☐ Judge's reasons listed here: _____

b. ☐ Person in 1 ☐ Person in 2 will visit with the children as follows:

(1) ☐ Visitation schedule described below:

(2) ☐ Follow the Visitation Schedule listed in 12 .

This is a Court Order.

12 ☐ Visitation Schedule for Person in 2

	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start:		
	End, if applies:		
Tuesday	Start:		
	End, if applies:		
Wednesday	Start:		
	End, if applies:		
Thursday	Start:		
	End, if applies:		
Friday	Start:		
	End, if applies:		
Saturday	Start:		
	End, if applies:		
Sunday	Start:		
	End, if applies:		

Follow the schedule listed above *(check one):*
☐ Every week ☐ Every other week ☐ Other _____

Start date for visits *(month, day, year)* _____

13 ☐ Other Orders

(Describe additional orders or refer to an attachment (e.g., FL-341(C), Children's Holiday Schedule Attachment)):

_____

_____

14 Country of Habitual Residence

The country of habitual residence of the child or children in this case is ☐ The United States or ☐ Other *(specify):* _____.

15 Jurisdiction and Notice

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 starting with section 3400). The responding party was given notice consistent with the laws of the State of California.

16 Penalties for Violating This Order

If you violate this order, you may be subject to civil or criminal penalties, or both.

This is a Court Order.

DV-145 Order to Prevent Child Abduction

Case Number:

This form is attached to DV-140, *Child Custody and Visitation Order.*

1 Name of Protected Person: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe):* _____

2 Name of Restrained Person: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe):* _____

3 Court's Decision

Based on the information given, the judge finds that:

a. ☐ **There is not a risk** that the person in 2 might take the children without proper permission. The judge has not granted any of the orders in 4–12.

b. ☐ **There is a risk** that the person in 2 might take the children without permission because person in 2:

(Check all that apply):

(1) ☐ Has violated or threatened to violate a custody or visitation order.

(2) ☐ Does not have strong ties to California.

(3) ☐ Has done things recently that make it easy to take the children *(check all that apply):*

- ☐ Quit a job
- ☐ Closed a bank account
- ☐ Sold or gotten rid of property
- ☐ Sold a home or ended a lease
- ☐ Hidden or destroyed documents
- ☐ Applied for a passport, birth certificate, or school or medical records

(4) ☐ Has a history of *(check all that apply):*

- ☐ Abusing person in 1
- ☐ Abusing other partners
- ☐ Child abuse
- ☐ Taking the children without permission
- ☐ Not cooperating with person 1 in parenting

(5) ☐ Has a criminal record

(6) ☐ Has strong ties in:

- ☐ Another county in California *(list county):* _____
- ☐ Another state *(list states):* _____
- ☐ Another country *(list country):* _____

(7) ☐ Is a citizen of another country *(list country):* _____

(8) ☐ Other reasons: _____

The Orders are Granted as Follows:

4 ☐ Do Not Move Without Written Permission of the Other Parent or Court Order

The person in 2 must ***not*** move with the children outside

☐ This county ☐ California ☐ The United States Other *(specify):* _____

without written permission from the other parent or a court order.

This is a Court Order.

5 ☐ **Turn In and Do Not Apply for Passports or Other Important Documents**

Person in (2) must not apply for passports or other documents that can be used for travel, like visas and birth certificates, and must turn in the following documents: _____

by *(date):* _____ to *(name):* _____

6 ☐ **Provide Travel Plan and Documents**

Person in (2) must give the person in (1) the following before traveling with the children *(check all that apply):*

- ☐ Children's travel schedule
- ☐ Copies of round-trip airline tickets
- ☐ Addresses and telephone numbers where children can be reached
- ☐ An open airline ticket for the person in (1) in case the children are not returned
- ☐ Other *(describe):* _____

7 ☐ **Notify Other State of Travel Restrictions**

Person in (2) must register this order with *(list county and state):* _____ before the children can travel to that state for visits.

8 ☐ **Notify Foreign Embassy or Consulate of Passport Restrictions**

Person in (2) must notify *(name of embassy or consulate):* _____ of this order and provide the court with proof of the notice by *(date):* _____

9 ☐ **Foreign Custody and Visitation Order**

Person in (2) must get a custody and visitation order equal to the most recent U.S. order before the children can travel to *(list country):* _____ for visits.

The court recognizes that foreign orders may be changed or enforced depending on the laws of that country.

10 ☐ **Post a Bond**

The person in (2) must post a bond for $_____.

11 ☐ **Enforcing Order**

The court authorizes any law enforcement officer to enforce this order. In this county, contact the Child Abduction Unit of the Office of the District Attorney at: _____

12 ☐ **Other** *(list other orders or jurisdictional factors):* _____

_____

Notice to Authorities in Other States and Countries: This court has jurisdiction to make child custody orders under California's Uniform Child Custody Jurisdiction and Enforcement Act (California Family Code, part 3, section 3400 et seq.) and The Hague Convention on the Civil Aspects of International Child Abduction (22 U.S.C. section 9001 et seq.). If jurisdiction is based on other factors, they will be listed above in (12).

This is a Court Order.

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. September 1, 2024]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	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.)*

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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social Security retirement (not SSI)	$	
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
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 ☐ 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, ☐ real and ☐ 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:

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.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

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

14. **Installment payments and debts not listed above**

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

15. **Attorney fees** *(This information is required if either party is requesting attorney fees):*
   a. To date, I have paid my attorney this amount for fees and costs *(specify):* $
   b. The source of this money was *(specify):*
   c. I still owe the following fees and costs to my attorney *(specify total owed):* $
   d. My attorney's hourly rate is *(specify):*

I confirm this fee arrangement.

Date: _____

_____ ▶ _____
(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

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

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 *(specify below):*	$

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 *(examples: fire, theft, other insured loss)*	$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	$	

    (2) Names and ages of those children *(specify):*

    (3) Child support I receive for those children $

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

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

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. September 1, 2024]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	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.)*

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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social Security retirement (not SSI)	$	
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
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 ☐ 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, ☐ real and ☐ 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:

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.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

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

14. **Installment payments and debts not listed above**

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

15. **Attorney fees** *(This information is required if either party is requesting attorney fees):*
   a. To date, I have paid my attorney this amount for fees and costs *(specify):* $
   b. The source of this money was *(specify):*
   c. I still owe the following fees and costs to my attorney *(specify total owed):* $
   d. My attorney's hourly rate is *(specify):*

I confirm this fee arrangement.

Date: _____

_____ ▶ _____
(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

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

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 *(specify below):*	$

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 *(examples: fire, theft, other insured loss)*	$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	$	

    (2) Names and ages of those children *(specify):*

    (3) Child support I receive for those children $

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

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