

# 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)
- **Asking for Child Custody and Visitation Orders** (DV-105-INFO)
- **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](http://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](http://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](http://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](http://www.cccba.org/community/find-a-lawyer/index.php)

**Contra Costa County (CA) Resource Center (211)**

[cccc.myresourcedirectory.com](http://cccc.myresourcedirectory.com)

**Legal glossaries in 12 languages, prepared by the Superior Court in Sacramento**  
[www.saccourt.ca.gov](http://www.saccourt.ca.gov)

**A Guide to California's Free Website for Legal Help**  
[www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)

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*The*  
C o n t r a C o s t a C o u n t y  
**Bar Association**

*is proud to sponsor*  
*the*  
F a m i l y L a w

**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:

- |   |   |
|---|---|
| <input type="checkbox"/> Criminal                                 | <input type="checkbox"/> Small Claims – (\$12,500 or less)  |
| <input type="checkbox"/> Traffic                                  | <input type="checkbox"/> Civil - <input type="checkbox"/> \$25,000 <input type="checkbox"/> over \$25,000 |
| <input type="checkbox"/> Civil Harassment                         | <input type="checkbox"/> Civil – Other _____  |
| <input type="checkbox"/> Conservatorship                          | <input type="checkbox"/> Family Law   |
| <input type="checkbox"/> Proceedings to terminate parental rights | <input type="checkbox"/> Unlawful Detainer  |
| <input type="checkbox"/> Dependent Adult Abuse                    | <input type="checkbox"/> Guardianship   |
| <input type="checkbox"/> Juvenile                                 | <input type="checkbox"/> 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](http://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:

- |  |  |
|--|--|
| <input type="checkbox"/> Criminal                                      | <input type="checkbox"/> Demanda Civil – (\$12,500 o menos)  |
| <input type="checkbox"/> Tráfico                                       | <input type="checkbox"/> Demanda Civil -<br><input type="checkbox"/> \$25,000 <input type="checkbox"/> más de \$25,000 |
| <input type="checkbox"/> Acoso Civil                                   | <input type="checkbox"/> Civil – otro tipo _____   |
| <input type="checkbox"/> Conservador                                   | <input type="checkbox"/> Casos de Familia  |
| <input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre | <input type="checkbox"/> Juicio de Desalojo  |
| <input type="checkbox"/> Abuso de Adultos Incapacitados                | <input type="checkbox"/> Tutela  |
| <input type="checkbox"/> Tribunal de Menores                           | <input type="checkbox"/> Abuso de Personas Mayores   |

Persona que Necesita Intérprete: \_\_\_\_\_

Marque aquí si esta persona es un testigo

Número Telefónico: \_\_\_\_\_

Fecha de la Audiencia Judicial: \_\_\_\_\_ Hora: \_\_\_\_\_

Departamento: \_\_\_\_\_ 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](http://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**

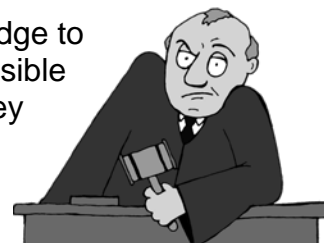
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at <http://www.courts.ca.gov/forms.htm>.

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.



# 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.**

**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. For juvenile orders, list the primary protected person’s information in ② and ③.
- If the judge grants the restraining order, information you give on this form will be entered into a California 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:**

Date received by court: \_\_\_\_\_

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

**① Person You Want a Restraining Order Against**

**\*Name:** \_\_\_\_\_

Other names used: \_\_\_\_\_

Marks, scars, or tattoos: \_\_\_\_\_

Driver’s license (*number and state*): \_\_\_\_\_ SSN: \_\_\_\_\_

Vehicle type: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of employer and address: \_\_\_\_\_

Does the person speak English?

- Yes
- No (*list language*): \_\_\_\_\_
- I don’t know

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.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**2 \*Your Name:** \_\_\_\_\_

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

**3 Your Information**

\*Gender:  M  F  X (nonbinary)      Race: \_\_\_\_\_

\*Age: \_\_\_\_\_

Date of Birth (month, day, year): \_\_\_\_\_

*(If the judge grants your restraining order, your information will be entered into California’s law enforcement database. If you give your date of birth, it will also be entered into the federal law enforcement database. If your information is not in the federal law enforcement database, your restraining order may be more difficult to enforce outside of California.)*

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.**

### What are child custody and visitation orders?

A decision by a judge that tells parents how they will be responsible for taking care of their children. The judge must grant orders that are in your child's best interests.

### What is child custody?

There are two types of child custody:

- **Physical custody:** The person who the child lives with on a regular basis.
- **Legal custody:** The right for a person to make important decisions about the child's health care, education, and welfare.

For both types of custody, parents can share custody (joint custody) or one parent can have full custody (sole custody). A judge grants custody based on what's in the best interest of a child. Note that a parent can still have parenting time (visitation), even if the judge does not grant them custody. And if the judge finds that there has been domestic violence in your case, special laws on child custody may apply. For more information on the law, go to [selfhelp.courts.ca.gov/domestic-violence-child-custody](https://selfhelp.courts.ca.gov/domestic-violence-child-custody).

### What is visitation or parenting time?

It is a schedule of how your children will spend time with each parent. A judge must decide on a schedule that is best for your children. If you have safety concerns, tell the judge by writing these concerns in your court papers.

### How do I ask for child custody and visitation orders?

To ask for these orders with a restraining order, complete form [DV-105, Request for Child Custody and Visitation Orders](#), and turn it in with the other court papers you must complete to ask for a restraining order. For more information on how to ask for a restraining order, read form [DV-505-INFO, How to Ask for a Domestic Violence Restraining Order](#).

### Do I have to pay to file form DV-105 with the court?

No, there is no court fee.

### Types of Visitation

#### • Unsupervised visits

A parent and child visit freely, without anyone else present. This may be a good option if there are no safety concerns.

#### • Supervised visits

A parent and child have a neutral third person watching and listening during the visit. The neutral third person can be a professional or nonprofessional provider.

#### *Professional provider*

A professional provider is a person with special training that has passed a background check. Professional providers charge a fee. They are also mandated reporters, which means that they must report suspected child abuse to the local child welfare department (also known as CPS). Professional providers can be used for short visits (example: 1–2 hours). Your local court may have a list of local professional providers.

#### *Nonprofessional provider*

A nonprofessional provider is usually a friend or family member who does not have special training, and does not get paid for supervising visits. The provider you choose must:

- Make safety the top priority;
- Follow the judge's order;
- Speak the same language as the child and visiting parent; and
- Be comfortable ending the visit, if needed.

For more information on supervised visits, go to [selfhelp.courts.ca.gov/guide-supervised-visitation](https://selfhelp.courts.ca.gov/guide-supervised-visitation).



## • Virtual Visits

A parent and child visit using electronic communication where they can see and hear each other (examples: Zoom, FaceTime, WhatsApp). Virtual visits may require the child and visiting parent to have access to the internet during the visit. Virtual visits may be a good option if you have safety concerns, or if the other parent lives far away from the children. It can also be a good option if the other parent hasn't seen the children in a long time. Virtual visits can be supervised or unsupervised. The length of each visit should also depend on the child's age (example: a younger child may not be able to pay attention for a long visit). For more information on virtual visits, go to [selfhelp.courts.ca.gov/domestic-violence-child-custody](https://selfhelp.courts.ca.gov/domestic-violence-child-custody).

## • No Visits

In some situations, it may not be safe for your child to visit with the other parent.

## Will I have to meet the other parent for child exchanges?

You can ask for orders that would not require you to meet the other parent, like having the other parent pick up the children from school or daycare. Or you can ask for supervised exchanges. Like supervised visits, supervised exchanges mean that a neutral third person is involved and will help you exchange the children with the other parent so you don't have to meet with the other parent.

## What if I am worried that the other parent will kidnap our children?

You can ask for the custody and visitation orders that will best protect your children. There are also other orders you can ask for to prevent abduction. If you want to ask for these orders, complete form [DV-108, Request for Orders to Prevent Child Abduction](#), and turn it in with your completed form [DV-105](#), and other required forms for your restraining order request.

## What if the other parent has access to firearms and ammunition?

If a restraining order is granted against the other parent, that parent will not be able to have any firearms or ammunition. If the other parent has access to firearms or ammunition, you may include the information on form [DV-100, Request for Domestic Violence Restraining Order](#). The court will consider whether a parent has illegal access to firearms and ammunition, when making custody and visitation orders. If you are staying in a confidential shelter, the judge must consider the other parent's access to firearms or ammunition in deciding whether the other parent should have in-person visits with your child.

## Where can I find free legal help?

Self-help center staff will not act as your lawyer but may be able to give you information to help you decide what to do in your case, and help you with the forms. Find your local court's self-help center at [selfhelp.courts.ca.gov/find](https://selfhelp.courts.ca.gov/find). Also, free legal aid may be available in your community. For more information, go to [lawhelpca.org](https://lawhelpca.org).

## Information about the court process is also available online

[selfhelp.courts.ca.gov/DV-restraining-order/process](https://selfhelp.courts.ca.gov/DV-restraining-order/process).

## Where can I find other help?

The National Domestic Violence Hotline provides free and private safety tips. Help is available every day, 24 hours a day, and in over 100 languages. Visit online at [thehotline.org](https://thehotline.org) or call 1-800-799-7233.



## What if I need an interpreter?



If you need an interpreter, use form [INT-300](#) to request an interpreter or ask the court clerk how you can request one.

## I have a disability. How can I get help?

You may use form [MC-410](#) to request assistance. Contact the disability or ADA coordinator at your local court for more information.

## Request 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 hearing. Contact the clerk's office or go to [courts.ca.gov/forms](https://courts.ca.gov/forms) for *Disability Accommodation Request* (form [MC-410](#)). (Civ. Code, § 54.8.)

**Instructions:** Use this form to request orders for children you have with the person in ②. For more information on the orders you can request, read form DV-105-INFO, *Asking for Child Custody and Visitation Orders*.

This form is attached to form DV-100.

**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** (For children you have with the person in ②, 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** (If you do not complete this section, the judge may not be able to make custody and visitation orders.)

- a. Have all the children listed in ③ lived together for the last five years?
  - No (If no, complete form DV-105(A). Do not complete the section below.)
  - Yes (If yes, complete the section below.)

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

Dates (month/year)		City and State (include tribal land, if applies)	Children lived with (check all that apply):		
From:	To present		Me	Person in ②	Other (relationship to child)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Check here if this address is private (confidential). List the state only.		
From:	Until:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From:	Until:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From:	Until:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From:	Until:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From:	Until:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This is not a Court Order.**



**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 the section below):*

(Check all that apply. List where the case 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 *(If yes, complete the section below):*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(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, list their information 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 (*If 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 (*If 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. For both types of custody, parents can share custody (joint) or one parent can have full custody (sole).

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

**Any orders made by the judge now will last until your court date (about three weeks away). On your court date, the judge can change or extend the orders.**

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

- No
- Yes (If yes, complete the section below):

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

Visitation (parenting time) is the time each parent spends with the child. If a parent does not get custody, that parent can have visits, if a judge believes it is safe and in the child's best interest. Visitation orders a judge can make include:

- No visits
- Virtual or in-person visits
- Visits supervised (monitored) by a third party
- Visits not supervised

**Any orders made by the judge now will last until your court date (about three weeks away). On your court date, the judge can change or extend the orders. Answer the questions below to tell the judge what parenting time you want the person in (2) to have until your court date.**

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

- No, I ask the judge to order no visits for the person in (2) (Stop here. You have finished completing this form.)
- Yes (Go to (11).)
- Yes, but only virtual visits (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 [selfhelp.courts.ca.gov/guide-supervised-visitations](http://selfhelp.courts.ca.gov/guide-supervised-visitations).)

- Yes (Go to (12).)
- No (Go to (13).)

**This is not a Court Order.**



**12 Details of Supervised (Monitored) Visits**

a. Who do you want to supervise the visits? (Check one):

- (1)  Professional (list name, if known): \_\_\_\_\_  
 Professional fees paid by: Me \_\_\_\_\_ % Person in **(2)** \_\_\_\_\_ % Other: \_\_\_\_\_ %
- (2)  Nonprofessional, like a trusted relative or friend  
 (Name): \_\_\_\_\_  Check here if the person has agreed to supervise visits.

b. Location of visits (check one):  In person at a safe location  Virtual visit (not in person)

Other (describe): \_\_\_\_\_

c. 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. \_\_\_\_\_



Plan for Supervised Visits		Virtual visit with person in <b>(2)</b>	Person to bring children to and from visit (or make available for virtual visit)	Location of drop-off/pick-up
Time				
Monday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Tuesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Wednesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Thursday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Friday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Saturday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Sunday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
<p><b>Follow the plan listed above (check one):</b>  <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Other _____</p>				
<p><b>Start date for visits (month, day, year):</b> _____</p>				

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

**This is not a Court Order.**



**13 Details of Unsupervised Visits**

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 exchanges.

**Do you want exchanges to be supervised by a third party?**

No  Yes (If yes, do you want a professional or nonprofessional to supervise? Check 1 or 2.)

(1)  Professional (list name, if known): \_\_\_\_\_  
 Professional fees paid by: Me \_\_\_\_\_ % Person in ② \_\_\_\_\_ % Other: \_\_\_\_\_ %

(2)  Nonprofessional, like a trusted relative or friend  
 (Name): \_\_\_\_\_  Check here if the person has agreed to supervise exchanges.

b. Parenting time you want the person in ② to have with the children.

(1) Location of visits (check one):  In person at a safe location  Virtual visit (not in person)  
 Other (describe): \_\_\_\_\_

(2) Give details including when visits will happen, how often the visits should be, and who will be responsible for transporting the children. (Use the lines or chart below):  
 \_\_\_\_\_

Plan for Unsupervised Visits		Virtual visit with person in ②	Person to bring children to and from visit (or make available for virtual visit)	Location of drop-off/pick-up
Time				
Monday	Start: _____	<input type="checkbox"/>		
	End, if applies: _____			
Tuesday	Start: _____	<input type="checkbox"/>		
	End, if applies: _____			
Wednesday	Start: _____	<input type="checkbox"/>		
	End, if applies: _____			
Thursday	Start: _____	<input type="checkbox"/>		
	End, if applies: _____			
Friday	Start: _____	<input type="checkbox"/>		
	End, if applies: _____			
Saturday	Start: _____	<input type="checkbox"/>		
	End, if applies: _____			
Sunday	Start: _____	<input type="checkbox"/>		
	End, if applies: _____			

**Follow the schedule listed above (check one):**  
 Every week  Every other week  Other \_\_\_\_\_

**Start date for visits (month, day, year):** \_\_\_\_\_

**This is not a Court Order.**

# 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: \_\_\_\_\_

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

**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: \_\_\_\_\_

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

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.**

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, ③).

**This is not a Court Order.**

## 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.**

This form is attached to (*check one*):  Form DV-110  Form DV-130  Form DV-310

**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*): \_\_\_\_\_

**This is a Court Order.**

**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 **5**a to the person in **2**.

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

**7**  **Child Custody**

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

- Sole to Person in **1**
- Sole to Person in **2**
- Jointly (shared) by persons in **1** and **2**
- Other (*describe*): \_\_\_\_\_

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

- Sole to Person in **1**
- Sole to Person in **2**
- Jointly (shared) by persons in **1** and **2**
- Other (*describe*): \_\_\_\_\_

**Visitation (Parenting Time) With Children** (*See 8–15.*)

**8**  **Person in 2 must have no visitation with the children in 3 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.)

**This is a Court Order.**



**9**  **Professional Supervised (Monitored) Visits With Children**

a. Person to be supervised:  Person in **1**  Person in **2**

b. Professional provider to supervise visits (*check 1, 2, or 3*):

(1)  Chosen provider: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address (*if known*): \_\_\_\_\_

If the chosen provider cannot provide services, parties must use the alternate provider.

Alternate provider: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address (*if known*): \_\_\_\_\_

Person in **1** must contact chosen provider by (*date*): \_\_\_\_\_

Person in **2** must contact chosen provider by (*date*): \_\_\_\_\_

(2)  A list of providers (*check one*):

is attached to this order.

given in court to  Person in **1**  Person in **2**.

Person in **1**  Person in **2** must choose and contact a provider by (*date*): \_\_\_\_\_

(3)  Other: \_\_\_\_\_  
\_\_\_\_\_

c. Frequency of visits (*check one*):

Once a week, for (*number of hours*): \_\_\_\_\_ each visit.

Twice a week, for (*number of hours*): \_\_\_\_\_ each visit.

Other (*describe*): \_\_\_\_\_

d. Fees paid by: Person in **1** \_\_\_\_\_ % Person in **2** \_\_\_\_\_ % Other \_\_\_\_\_ %

e. Visits must be:

In person at a safe location.

Virtual (not in person). (*Before a provider is chosen, confirm that the provider offers virtual visits.*)

Other: \_\_\_\_\_

**This is a Court Order.**



**10**  **Nonprofessional Supervised (Monitored) Visits With Children**

a. Person to be supervised:  Person in **1**  Person in **2**

b. Nonprofessional provider (person) to supervise visits

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (if known): \_\_\_\_\_ Telephone (if known): \_\_\_\_\_

c. Schedule for visits (check one):

Follow the Visitation Plan listed in **13**.

Other schedule (give a detailed schedule): \_\_\_\_\_  
\_\_\_\_\_

d. Location of visits:

In person at a safe location (give location): \_\_\_\_\_

Virtual (not in person). (Provider, child, and visiting parent may need access to internet.) \_\_\_\_\_

Other: \_\_\_\_\_

(For more information on safe locations and virtual visits, go to [selfhelp.courts.ca.gov/guide-supervised-visitation](http://selfhelp.courts.ca.gov/guide-supervised-visitation).)

**11**  **Supervised Exchanges (Drop-Off and Pick-up of Children)**

(Complete this item and go to **12** to describe visitation plan.)

a. Person to be supervised:  Person in **1**  Person in **2**

b. Provider (Person) to Supervise Exchanges

(1)  Professional Provider

Name of provider (if known): \_\_\_\_\_

Address (if known): \_\_\_\_\_

Telephone (if known): \_\_\_\_\_

Fees paid by: Person in **1** \_\_\_\_\_ % Person in **2** \_\_\_\_\_ % Other \_\_\_\_\_ %

Person in **1** must contact provider by (date): \_\_\_\_\_

Person in **2** must contact provider by (date): \_\_\_\_\_

Location of exchanges to be decided by provider.

(2)  Nonprofessional Provider

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Telephone (if known): \_\_\_\_\_

Safe location for exchanges: \_\_\_\_\_

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

**This is a Court Order.**



**12**  **Visits With No Supervision (Unmonitored)**

a.  Person in **1**  Person in **2** will visit with the children listed in **3**

b. Visits must be:

In person

Virtual (*not in person*) (*Child and visiting parent may need access to the internet. For more information on virtual visits, go to [selfhelp.courts.ca.gov/domestic-violence-child-custody](http://selfhelp.courts.ca.gov/domestic-violence-child-custody).)*

Other: \_\_\_\_\_

c. The visitation plan is (*check one*):

Listed in **13**.

Described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13**  **Visitation Plan for Person in **2****

	Time	Visit must be virtual	Person to bring children to and from visit ( <i>or make child available for virtual visit</i> )	Location of drop-off/pick-up
Monday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Tuesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Wednesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Thursday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Friday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Saturday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Sunday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
<p><b>Follow the plan listed above (<i>check one</i>):</b>  <input type="checkbox"/> Every week    <input type="checkbox"/> Every other week    <input type="checkbox"/> Other _____</p>				
<p><b>Start date for visits (<i>month, day, year</i>):</b> _____</p>				

**This is a Court Order.**



**14 Mandatory Findings**

(Findings required under Family Code sections 3011, 3044, and 3100.)

a.  No findings required by law

b.  Findings required by law

(1)  The court has made the required findings. The court's reasons are in writing (*check one*):

On form DV-150, *Mandatory Findings for Child Custody and Visitation Order*.

Other: \_\_\_\_\_

(2)  The court has made the required findings. The court's reasons were recorded (*check all that apply*):

In a minute order

By a court reporter

Other: \_\_\_\_\_

**15  Other Orders**

Describe additional orders in the space below or use a separate attachment (e.g., [FL-341\(C\)](#), *Children's Holiday Schedule Attachment*).

\_\_\_\_\_  
\_\_\_\_\_

**16  Criminal Protective Order**

List any criminal protective order protecting the person in ① or any child in ③ from the person in ②.

Case number: \_\_\_\_\_

County: \_\_\_\_\_

Case number: \_\_\_\_\_

County: \_\_\_\_\_

(If a criminal protective order is in effect, law enforcement must follow the priority of enforcement on form DV-110 or DV-130.)

**17  Country of Habitual Residence**

The country of habitual residence of the child or children in this case is (*check one*):

The United States,

Other (*name of country*): \_\_\_\_\_.

**18  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.

**19  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.**

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

Sold a home or ended a lease

Closed a bank account

Hidden or destroyed documents

Sold or gotten rid of property

Applied for a passport, birth certificate, or school or medical records

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

Abusing person in **1**

Taking the children without permission

Abusing other partners

Not cooperating with person **1** in parenting

Child abuse

(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:  NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

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

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

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

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

2. **Age and education**

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

3. **Tax information**

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

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

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

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

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

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

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

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

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

**10. Deductions**

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

**11. Assets**

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

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

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

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

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

- |   |   |
|---|---|
| a. Home: <ul style="list-style-type: none"> <li>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</li> <li style="padding-left: 40px;">If mortgage:</li> <li style="padding-left: 40px;">(a) average principal:    \$ _____</li> <li style="padding-left: 40px;">(b) average interest:    \$ _____</li> <li>(2) Real property taxes..... \$ _____</li> <li>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</li> <li>(4) Maintenance and repair..... \$ _____</li> </ul> b. Health-care costs not paid by insurance..... \$ _____ | h. Laundry and cleaning..... \$ _____   |
| c. Child care..... \$ _____   | i. Clothes..... \$ _____  |
| d. Groceries and household supplies..... \$ _____   | j. Education..... \$ _____  |
| e. Eating out..... \$ _____   | k. Entertainment, gifts, and vacation..... \$ _____   |
| f. Utilities (gas, electric, water, trash)..... \$ _____  | l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____            |
| g. Telephone, cell phone, and e-mail..... \$ _____  | 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. <b>TOTAL EXPENSES (a-q)</b> (do not add in the amounts in a(1)(a) and (b)) \$ _____            |
|   | s. <b>Amount of expenses paid by others</b> \$ _____  |

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

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

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

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

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

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

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

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

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

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

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

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

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

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

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

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

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

2. **Age and education**

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

3. **Tax information**

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

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

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

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

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

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

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

**10. Deductions**

	Last month
a. Required union dues.....	\$ _____
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f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

**11. Assets**

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

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

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

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c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ If mortgage: (a) average principal:   \$ _____ (b) average interest:    \$ _____ (2) Real property taxes..... \$ _____ (3) Homeowner's or renter's insurance (if not included above)..... \$ _____ (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ c. Child care..... \$ _____ d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ _____ g. Telephone, cell phone, and e-mail..... \$ _____	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ n. Savings and investments..... \$ _____ o. Charitable contributions..... \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____ q. Other (specify): \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____
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**14. Installment payments and debts not listed above**

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

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

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

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
  
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

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

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

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

(3) Child support I receive for those children..... \$ \_\_\_\_\_

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

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