

REQUEST FOR ORDER

Family Law

What you will find in this packet:

- **Additional Resources** (FamLaw-101-INFO)
- **Requirements for Filing Court Papers** (MC-500-INFO)
- **Request for Order – Instructions** (FamLaw-006a)
- **Request for Order** (FL-300)
- **Information Sheet for Request for Order** (FL-300-INFO)
- **How to Write a Declaration** (FamLaw-113-INFO)
- **Additional Page** (MC-020)
- **Interpreter Request** (MC-300e&s)
- **Child Custody and Visitation (Parenting Time) Application Attachment** (FL-311)
- **Declaration Under the UCCJEA** (FL-105/GC-120) (*2 copies*)
- **Attachment to Declaration Under Uniform Child Custody Jurisdiction and Enforcement ACT (UCCJEA)** (FL-105(A)/GC-120(A)) (*2 copies*)
- **Child Custody Information Sheet—Child Custody Mediation** (FL-314-INFO)
- **Income and Expense Declaration** (FL-150) (*2 copies*)
- **Notice of Remote Appearance** (RA-010)
- **Serving the Other Parties – Request for Order** (FamLaw-104b)
- **Responsive Declaration to Request for Order** (FL-320)
- **Information Sheet: Responsive Declaration to Request for Order** (FL-320-INFO)
- **Opposition to Remote Proceeding at Evidentiary Hearing or Trial** (RA-015)
- **Proof of Personal Service** (FL-330)
- **Information Sheet for Proof of Personal Service** (FL-330-INFO)
- **Proof of Service by Mail** (FL-335)
- **Information Sheet for Proof of Service by Mail** (FL-335-INFO)
- **Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order** (FL-334)

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/familylaw

Virtual Self-Help Law Center

www.cc-courthelp.org/familylawtopics

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 www.courts.ca.gov/selfhelp.htm 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)

65.166.193.134/IFTWSQL4/cccc/public.aspx

(or do an internet search for 211 Contra Costa County Resource Center)

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

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.*

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

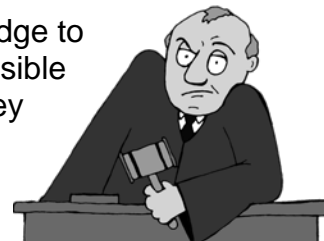
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at <http://www.courts.ca.gov/forms.htm>.

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.



How to Set or Change a Custody, Visitation or Support Order

STEP 1	<p>Except in cases involving domestic violence, you are required to <u>meet and discuss the issues in the case and make a good faith attempt to settle all issues and exchange all relevant documents and information.</u></p> <p>Read Local Rule 5.4</p>
STEP 2 Only if the case involves domestic violence or the parties are unable to settle their case	<p>Complete the following forms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Request for Order (FL-300) <input type="checkbox"/> Attachment to Judicial Council Form (MC-020) (<i>OPTIONAL</i>. Use this form to provide additional information in response to Question 2c of the Request for Order-FL-300) <input type="checkbox"/> Interpreter Request (MC-300e7&s) (<i>OPTIONAL</i>) <p><u>If you are seeking custody or visitation orders, ALSO complete:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Custody and Visitation Application Attachment (FL-311) <input type="checkbox"/> Declaration Under UCCJEA (FL-105) <p><u>If you are seeking orders regarding property and/or child or spousal support, ALSO complete:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Income and Expense Declaration (FL-150) (<i>for spousal support OR if you are self-employed</i>).
STEP 3	<u>Make</u> 2 copies, in addition to the original.
STEP 4 There is a filing fee, unless the fee is waived. No fee for child support requests where DCSS is involved.	<p>File your documents:</p> <p>Pay the filing fee and file your documents at the Spinetta courthouse, 751 Pine Street in Martinez. If your case is assigned to a judge in Pittsburg, you may file your documents at the Arnason Justice Center, 1000 Center Drive in Pittsburg.</p> <p>If you are asking for a fee waiver, complete the fee waiver packet and attach it to the front of your papers. If the fee waiver is denied, you must pay the filing fee or your court date will be canceled.</p>
STEP 5 The judge will not be able to act on your papers if this step is omitted or done incorrectly.	<p>SERVICE</p> <p>Someone, not YOU, who is at least 18 years old, must hand deliver or mail the filed copies to the other party. You can find a "Process Server" who will do this for a fee.</p> <p>The papers must be delivered or mailed 16 COURT days before the hearing (weekends and holidays do not count).</p> <p>When service is completed, the server must fill in either the FL-330 or FL-335 and you must file the original form in court with one copy for your files.</p>
STEP 6	Go to your Hearing.

GENERAL INFORMATION

1. You must have an open court case in Contra Costa County before you file a request for order. If you are not sure if you have an open case, come to drop-in hours at a Family Law Facilitator's office and they can check for you.
2. The Request for Order form is used when you want the judge to enter new orders or change existing orders.
3. If you are asking the court to change your current order, you must attach a copy of the order you want to change. A copy of your order can be purchased at Court Records, 1111 Ward Street in Martinez, Monday through Friday (except holidays) from 8:00 am to 4:00 pm.
4. If the Department of Child Support Services is involved in your case, leave a copy of your papers at the Reception Desk in the Spinetta Family Law Center, 751 Pine Street in Martinez, or mail a copy to: DCSS;

AFTER YOUR COURT DATE

Family law facilitators will prepare orders after hearing if both parties do not have attorneys. If you are not sure whether the facilitators are preparing your order, come to drop-in hours at any facilitators' office and they can check for you.

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

NOTICE OF HEARING

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

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

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

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

(Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

COURT ORDER

(FOR COURT USE ONLY)

It is ordered that:

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

Date:

JUDICIAL OFFICER

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

- FL-300 [Rev. July 1, 2016]

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. ☐ CHILD SUPPORT

(Note: An earnings assignment may be issued. See *Income Withholding for Support* ([form FL-195](#)))

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

Child's name and age

☐

I request support for each child Monthly amount (\$) requested
based on the child support guideline. (if not by guideline)

b. ☐ I want to change a current court order for child support filed on (date):

☐

[Attachment 3a.](#)

The court ordered child support as follows (specify):

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

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

☐

[Attachment 3d.](#)

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* ([form FL-435](#)) may be issued.)

a. ☐ Amount requested (monthly): \$

b. ☐ I want the court to ☐ change ☐ end the current support order filed on (date):

The court ordered \$ per month for support.

c. ☐ This request is to modify (change) spousal or partner support after entry of a judgment.

I have completed and attached *Spousal or Partner Support Declaration Attachment* ([form FL-157](#)) or a declaration that addresses the same factors covered in form FL-157.

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

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

☐

[Attachment 4e.](#)

5. ☐ PROPERTY CONTROL

☐

I request temporary emergency orders

a. The ☐ petitioner ☐ respondent ☐ other parent/party be given exclusive temporary use, possession, and control of the following property that we ☐ own or are buying ☐ lease or rent (specify):

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

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

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

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

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

c. ☐ This is a change from the current order for property control filed on (date):

d. Specify in [Attachment 5d](#) the reasons why the court should make or change the property control orders.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. ☐ **ATTORNEY'S FEES AND COSTS**
 I request attorney's fees and costs, which total (*specify amount*): \$ _____ . I filed the following to support my request:
- a. A current *Income and Expense Declaration* ([form FL-150](#)).
 - b. A *Request for Attorney's Fees and Costs Attachment* ([form FL-319](#)) or a declaration that addresses the factors covered in that form.
 - c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
7. ☐ **DOMESTIC VIOLENCE ORDER**
- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
 - Read [form DV-400-INFO](#), *How to Change or End a Domestic Violence Restraining Order* for more information.
- a. The *Restraining Order After Hearing* (form DV-130) was filed on (*date*): _____
 - b. I request that the court ☐ change ☐ end _____ the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (*If you want to change the orders, complete 7c.*)
 - c. ☐ I request that the court make the following changes to the restraining orders (*specify*): ☐ [Attachment 7c.](#)
 - d. I want the court to change or end the orders because (*specify*): ☐ [Attachment 7d.](#)
8. ☐ **OTHER ORDERS REQUESTED** (*specify*): ☐ [Attachment 8.](#)
9. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
- a. ☐ To serve the *Request for Order* no less than (*number*): _____ court days before the hearing.
 - b. ☐ The hearing date and service of the the *Request for Order* to be sooner.
 - c. I need the order because (*specify*): ☐ [Attachment 9c.](#)
10. ☐ **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. ☐ [Attachment 10.](#)

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

Date: _____

 (TYPE OR PRINT NAME)



 (SIGNATURE OF APPLICANT)



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

1 USE Request for Order (form FL-300):

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney's fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing* ([form DV-130](#)). See *How Do I Ask to Change or End a Domestic Violence Restraining Order* ([form DV-400-INFO](#)) for more information.

2 DO NOT USE Request for Order (form FL-300):

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, talk to an attorney, or get help at your court's Self-Help Center or Family Law Facilitator's Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
 - For a domestic violence restraining order, use forms [DV-100](#), [DV-109](#), and [DV-110](#).
 - For an order for contempt, use [form FL-410](#).
 - To cancel a child support order, use [form FL-360](#) or [form FL-640](#).
 - To cancel a voluntary declaration of parentage or paternity, use [form FL-280](#).

3 Forms checklist

- a. [Form FL-300](#), *Request for Order*, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - ☐ [FL-105](#), *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
 - ☐ [FL-311](#), *Child Custody and Visitation (Parenting Time) Application Attachment*
 - ☐ [FL-312](#), *Request for Child Abduction Prevention Orders*
 - ☐ [FL-341\(C\)](#), *Children's Holiday Schedule Attachment*
 - ☐ [FL-341\(D\)](#), *Additional Provisions—Physical Custody Attachment*
 - ☐ [FL-341\(E\)](#), *Joint Legal Custody Attachment*
- c. If you want child support, you need:
 - ☐ A current [FL-150](#), *Income and Expense Declaration*. You may use [form FL-155](#), *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. If you want spousal or partner support or orders about your finances, you need:
 - ☐ A current [FL-150](#), *Income and Expense Declaration*
 - ☐ [FL-157](#), *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- e. If you want attorney's fees and costs, you need:
 - ☐ A current [FL-150](#), *Income and Expense Declaration*
 - ☐ [FL-319](#), *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
 - ☐ [FL-158](#), *Supporting Declaration for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- f. To request temporary emergency (ex parte) orders, you need:
 - ☐ [FL-305](#), *Temporary Emergency Orders* to serve as the proposed temporary emergency orders.
 - ☐ Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use [form FL-303](#), *Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders*.
 - ☐ Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need:
 - ☐ [FL-321](#), *Witness List*
- h. If you want to request a separate trial (bifurcation) on an issue, you need:
 - ☐ [FL-315](#), *Request or Response to Request for Separate Trial*



Information Sheet for Request for Order

4 Complete form FL-300 (Page 1)

Caption: In the top box, print or type your name, address, telephone number, and email address if you have one. In the second box, put the court address. In the third box, write the name of the Petitioner, Respondent, and Other Parent/Party (if there is one). (You must use the party names as they appear in the petition that was originally filed with the court).

In the fourth box, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY ORDERS” if you are asking the court to make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting. In the box on the right, write the case number.

Item 1: List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.

Item 2: Leave this blank. The court clerk will fill in the date, time, and place of the hearing.

Item 3: This is a notice to all other parties.

Items 4–5: Leave these blank. The court will complete them if it orders a hearing.

Item 6: In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party's lawyer to make the appointment and then complete item 6 before filing form FL-300.

Ask your court's Family Law Facilitator or Self-Help Center to find out what your court requires.

Items: Leave these blank. The court will
7–8: complete them, if needed.

5 Complete form FL-300 (pages 2-4)

6 Complete additional forms and make copies

Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

NAME: FIRM NAME: STREET ADDRESS: CITY:		STATE BAR NO.:	FOR COURT USE ONLY
TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):		STATE: FAX NO.:	ZIP CODE:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:			
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):			CASE NUMBER:
NOTICE OF HEARING			
1. TO (name(s)): <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other Parent/Party <input type="checkbox"/> Other(specify):			
2. A COURT HEARING WILL BE HELD AS FOLLOWS: a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room.: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____			
3. WARNING to the person served with the Request for Order: The court may make the requested orders without you if you do not file a <i>Responsive Declaration to Request for Order</i> (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.) (Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)			
COURT ORDER <small>(for court use only)</small>			
It is ordered that: 1. <input type="checkbox"/> Time _____ for service <input type="checkbox"/> until the hearing is shortened. Service must be on or before (date): _____ 2. <input type="checkbox"/> A <i>Responsive Declaration to Request for Order</i> (form FL-320) must be served on or before (date): _____ 3. <input type="checkbox"/> The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): _____ 4. <input type="checkbox"/> The orders in <i>Temporary Emergency (Ex Parte) Orders</i> (form FL-305) apply to this proceeding and must be personally served with all documents filed with this <i>Request for Order</i> . 5. <input type="checkbox"/> Other (specify): _____			
Date: _____			
JUDICIAL OFFICER			Page 1 of 1

Forms Adapted for Mandatory Use
 Judicial Council of California
 FL-300 (Rev. July 1, 2016)

REQUEST FOR ORDER

Family Code §§ 2045, 2102, 2121
 6750, 6750.5-6753, 6750-6753
 Government Code § 260
 Cal. Rules of Court, rule 5
www.courtinfo.ca.gov

Note: You may file one form FL-150 to respond to items 3, 4, and 6.

7) File your documents

Give your paperwork and the copies you made to the court clerk to process. You may take them to the clerk's office in person, mail them, or, in some counties, you can e-file them.

The clerk will keep the original and give you back the copies you made with a court date and time stamped on the first page of the *Request for Order*. The procedure may be different in some courts if you are requesting temporary emergency orders.

8 Pay filing fees

A fee is due at the time of filing.

If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing [form FW-001](#), *Request to Waive Court Fees* and [form FW-003](#), *Order on Court Fee Waiver*.



9 Temporary Emergency (Ex Parte) Orders
(not domestic violence restraining orders)

Courts can make temporary orders in your family law case to respond to emergencies that cannot wait to be heard on the court's regular hearing calendar.

The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property.

To request these orders:

- Complete form FL-300. Describe the emergency and explain why you need the temporary emergency orders before the hearing.
- Complete form FL-305 to serve as your proposed temporary orders.
- Include a declaration describing how and when you notified the other parties (or why you could not give notice) about your request and the hearing (see form FL-303).
- Complete other forms if required by your local court rules.
- Follow your court's local procedures for reserving the day for the hearing, submitting your paperwork, and paying filing fees.

10 General information about "service"

"Service" is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you are asking for and have information about the hearing.

If the other parties are NOT properly served, the judge cannot make the orders you requested on the date of the hearing.

11 Serve the Request for Order and blank forms

The other party must be "served" with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank [form FL-320](#), *Responsive Declaration to Request for Order*.
- Blank form [FL-150](#), *Income and Expense Declaration* (if you served form FL-150 or FL-155).

12 Who can be a "server"

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

13 "Personal Service"

Personal service means that your "server" walks up to each person to be served, makes sure the right person is being served, and hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.

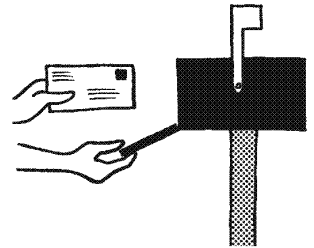


Note: Sometimes the papers may be personally served on the other party's lawyer (if he or she has one) in the family law case.

14 "Service by mail"

means that your "server" places copies of all the papers (including blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party's lawyer, if the party has one).

The server must be 18 years of age or older and live or work in the county where the mailing took place.



Important! If you have questions about personal service or service by mail, talk to a lawyer or check with your court's Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

15 When to use personal service or service by mail**Personal Service**

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you **must** use personal service.

You **must** use personal service when the court:

- ☒ Ordered personal service;
- ☒ Granted temporary emergency orders;
- ☒ Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:

- Been served with a *Summons* and *Petition*;

OR

- Appeared in the case by filing a:
 - a. *Response* to a *Petition*;
 - b. *Appearance*, *Stipulations*, and *Waivers*;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.

*Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* ([form FL-330](#)) and give it to you. If the server needs instructions, the *Information Sheet for Proof of Personal Service* ([form FL-330-INFO](#)) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: The deadline for personal service is **16 court days** before the hearing date, unless the court orders a different deadline.

Service by Mail

If you are not required to use personal service, you may use service by mail.

Important! Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A *Request for Order* to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:

- ☒ The documents do not include temporary emergency orders;
- ☒ The court did not order personal service; and
- ☒ You have verified the other party's current home or office address. (You may use *Declaration Regarding Address Verification* ([form FL-334](#)).)

To change a judgment or final order on any other issue, including spousal or domestic partner support, the *Request for Order* may need to be personally served on the other party.

1. After serving, the server must fill out a *Proof of Service by Mail* ([form FL-335](#)) and give it to you. If the server needs instructions, the *Information Sheet for Proof of Service by Mail* ([form FL-335-INFO](#)) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: Unless the court orders a different time, service by mail must be completed at least **16 court days PLUS 5 calendar days** before the hearing date (if service is in California). Other time lines apply for service outside of California.

16 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

17 After the hearing, the order made on [form FL-340](#), *Findings and Order After Hearing*, must be filed and served.**18 Do you have questions or need help?**

- Find a lawyer through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

HOW TO WRITE A DECLARATION

Use the blank form that follows this instruction sheet to write your declaration.

1. Your declaration is important. Your declaration tells the judge what you want and why you want it.
2. The judge will read your declaration before the hearing, so be clear and specific about what you want the judge to order. Explain why you need the order. You have to provide enough facts for the judge to make a decision about your case.
3. If you are describing an event that you want the judge to know about, include the following facts:
 - When the event happened;
 - Who was there;
 - What exactly happened;
 - Why the judge needs to know about this event.
4. If you are asking for custody or visitation orders, explain why your request is in the child's best interest.
5. Keep your declaration factual, brief, and to the point.

SHORT TITLE: 	CASE NUMBER:
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26	(Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line numbers):
27	<div>This page may be used with any Judicial Council form or any other paper filed with the court.</div> <div>Page _____</div>

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 – (\$10,000 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

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 – (\$10,000 o menos) |
| <input type="checkbox"/> Tráfico | <input type="checkbox"/> Demanda Civil -
<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

Complete the next forms
only if you are seeking
an order for child custody
or visitation.

The FL-314-INFO is for
information purposes only;
there is nothing to
complete on that form.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order
☐ Other (specify):

1. a. ☐ **Custody.** Custody of the minor children of the parties is requested as follows: ☐ [Attachment 1a.](#)

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> (person who decides about the child's health, education, and welfare)	<u>Physical Custody to</u> (person the child regularly lives with)
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b. ☐ **Custody with allegations of a history of abuse or substance abuse**

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) ☐ I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 1a.
 (Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)
☐ Below: ☐ [Attachment 1b.](#) ☐ Other (specify):

2. ☐ **Visitation (Parenting Time).**

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

- a. ☐ Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b. ☐ See the attached _____-page document dated (specify date):
- c. ☐ The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d. ☐ No visitation (parenting time).

☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** parenting time (visitation) will be as follows:

(Note: The first weekend of the month is the first weekend with a Saturday.)

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
(day of week) (time) after school

to _____ at _____ a.m. p.m./ if applicable, specify: start of school
(day of week) (time) after school

(a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, which starts (date):

(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

from _____ at _____ ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school
(day of week) (time) ☐ after school

to _____ at _____ a.m. p.m./ if applicable, specify: start of school
(day of week) (time) after school

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
(day of week) (time) after school

to _____ at _____ a.m. p.m./ if applicable, specify: start of school
(day of week) (time) after school

(4) ☐ Other visitation (parenting time) days and restrictions are: ☐ [listed in Attachment 2e\(4\)](#)
☐ as follows:

3. ☐ Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns

a. ☐ **Supervised visitation (parenting time)**

(1) I ask that ☐ petitioner ☐ respondent ☐ other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

(a) ☐ Domestic violence, child abuse, or neglect.

(b) ☐ Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(c) ☐ Other parenting concerns (*specify below*):

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

☐ Below ☐ in Attachment 3a(2) ☐ Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

- (i) ☐ The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.
- (ii) ☐ The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.
- (iii) The provider's phone number is (specify):

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
 other parent/party: _____ percent.

b. ☐ **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): ☐ Petitioner ☐ Respondent ☐ Other parent/party
- (4) The reasons why the court should make the orders are (specify):
 (Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)
☐ Below: ☐ in Attachment 3b. ☐ Other (specify):

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. ☐ **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- b. ☐ Transportation to begin the visits will be provided by (name):
- c. ☐ Transportation from the visits will be provided by (name):
- d. ☐ The exchange point at the beginning of the visit will be (address):
- e. ☐ The exchange point at the end of the visit will be (address):
- f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g. ☐ Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. ☐ **Travel with children** The ☐ Petitioner ☐ Respondent ☐ Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a. ☐ the state of California.
 - b. ☐ the following counties (*specify*):
 - c. ☐ other places (*specify*):
6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached [form FL-312](#).
7. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out ☐ below ☐ [on form FL-341\(C\)](#)
8. ☐ **Additional custody provisions.** I request the additional orders for custody set out ☐ below ☐ [on form FL-341\(D\)](#)
9. ☐ **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out ☐ below ☐ [on form FL-341\(E\)](#)
10. ☐ **Other.** I request the following additional orders (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

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

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

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

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

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

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

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
---	---	---

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

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

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

<input type="text"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="text"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="text"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

Parents who come to court about child custody and parenting time (visitation) face decisions about parenting plans for their children. This information sheet provides general information about child custody and parenting time matters, how to get help resolving a custody dispute or making a parenting plan, where to find an attorney, and where to find other resources.

What is a parenting plan?

A parenting plan describes how the parents will divide their responsibilities for taking care of their child.

The plan may include a general or specific schedule of days, times, weekends, holidays, vacations, transportation, pick-up/drop-off, limits on travel, counseling and treatment services, and other details.

What are legal and physical custody?

A parenting plan usually includes:

- **Legal custody:** how parents make major decisions about the child's health, education, and welfare;
- **Physical custody:** where the child lives; and
- **Parenting time, time-share, or visitation:** when the child spends time with each parent.

Legal custody and *physical custody* may each be specified as *joint* (both parents have certain responsibilities) or *sole* (one parent has the responsibility alone).

Can we make our own parenting plan?

Yes. You have a right to make a parenting plan agreement on your own. This agreement may be called a *stipulation*, *time-share plan*, or *parenting plan*.

If both parents can agree on a parenting plan, the judge will probably approve it. The agreement becomes a court order after it is signed by both parents and the judge, and filed with the court.

What if there is domestic violence or a protective order?

If there is domestic violence or a protective order, talk with an attorney, counselor, or mediator before making a parenting plan.

For domestic violence help, call the National Domestic Violence Hotline at 1-800-799-7233 (TDD: 1-800-787-3224) or call 211 if available in your area.

What if we don't have a parenting plan?

If you can't reach an agreement, the court will refer you to mediation with family court services (FCS) to try to work out a parenting plan.

What is mediation with family court services?

Family court services (FCS) provides mediation to help parents resolve disagreements about the care of their child. The mediator will meet with you and the other parent to try to help you both make a parenting plan. An orientation may be provided that offers additional information about the process.

If you are concerned about meeting with the other parent in mediation, or there is a domestic violence issue or a protective order involving the other parent, you may ask to meet alone with the mediator without the other parent. You may also request to have a support person with you at mediation. The support person may not speak for you.

Do we have to agree to a parenting plan in mediation?

No. You do not have to come to an agreement in mediation. When the parents can't agree, the judge will decide. For legal advice, contact an attorney. For other information, ask the self-help center or family court services about how the process works in your court.

Are there other ways to resolve our dispute?

Yes. You may try other alternative dispute resolution (ADR) options, including:

- 1. Meet and Confer:** Parents and their attorneys (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parents, then the “meet and confer” can be through attorneys or a mediator in separate sessions.
- 2. Settlement Conference:** In some courts, parents may meet with a judge, neutral evaluators, or family law attorneys not involved in the case to discuss settlement. Check with the local court to find out if this is an option. If there is a protective order, the settlement discussion can be through attorneys or a mediator in separate sessions.
- 3. Private Mediation:** Parents may hire a private mediator to help them resolve their dispute.
- 4. Collaborative Law Process:** Each parent hires a lawyer and agrees to resolve the dispute without going to court. The parents may also hire other experts.

Court Hearing

When the parents cannot agree to a parenting plan on their own, in mediation, or in any other ADR process, the judge will decide.

If there is domestic violence or a protective order, a parent may be able to bring a support person with him or her to the court hearing, but the support person may not speak for that person.

Where can I get help?

This information sheet gives only basic information on the child custody process and is not legal advice. If you want legal advice, ask an attorney for assistance. For other information, you may want to:

1. Contact family court services.
2. Contact the family law facilitator or self-help center for information, local rules and court forms, and referrals to local legal services providers.
3. Find an attorney through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
4. Hire a private mediator for help with your parenting agreement. A mediator may be an attorney or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.
5. Find information on the Online Self-Help Center website at www.courts.ca.gov/selfhelp.
6. For free and low-cost legal help (if you qualify), go to www.lawhelpcalifornia.org.
7. Find information at your local law library or ask at your public library.
8. Ask for a court hearing and let the judge decide what is best for your child.

**Requests for Accommodations**

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

Complete the next
form only if you are
seeking child support,
spousal support
or have other
financial issues.

You must attach paystubs
for the last two months.

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

- (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.)

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*):

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*):

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:

Page 1 of 4

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

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

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

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

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

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

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

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

16. Number of children

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

17. Children's health-care expenses

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

18. Additional expense for the children in this case

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER CASE NAME:		
NOTICE OF REMOTE APPEARANCE		
		CASE NUMBER:

You must use this form to tell the court you intend to appear remotely in a civil case, unless the court's website describes an online process for giving notice. You may also use it to give the required notice to all other parties in the case. (Do not use this form in a juvenile dependency proceeding.)

Check the court's website for information about how to appear remotely, including the departments and types of cases or proceedings that allow remote appearances and ways to appear remotely in their departments for such appearances.

See page 3 of this form for more information, including deadlines for giving notice and for opposing a remote appearance if this notice is for an evidentiary hearing or trial.

A person appearing remotely should conduct themselves as though appearing in court in person.

1. The person who intends to appear remotely is (*check and complete all that apply*):

- ☐ Plaintiff/Petitioner (*name*):
☐ Attorney for Plaintiff/Petitioner (*name*):
☐ Defendant/Respondent (*name*):
☐ Attorney for Defendant/Respondent (*name*):
☐ Other (*name and role in case*):

2. The person or persons in 1 intends to appear remotely (*check one*):

- a. ☐ Throughout the case.
 b. ☐ At the proceeding described below, including on any later dates if the proceeding is continued (*describe*):

Type of proceeding:

Set on (*date*): at (*time*): in (*department*):

Before (*name of judicial officer, if known*):

3. The person intends to appear by (*check court's website for method that may be used*):

- ☐ Videoconference ☐ Audio only (including telephone)

4. ☐ For evidentiary hearing or trial only (where testimony may be given): the party requests the following additional aspects of the proceeding be conducted remotely (*describe what the party wants to be done remotely and why; attach form MC-25 if more space is needed*):

PLAINTIFF: DEFENDANT:	CASE NUMBER:
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5. ☐ I agree to keep the proceeding confidential to the same extent as would be required if I were appearing in person.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE)

Notice to Other Parties

Anyone intending to appear remotely must provide notice to all other parties by the deadlines stated in Cal. Rules of Court, rule 3.672, and described on the next page. Notice may be provided orally, electronically, or by giving the other parties this form in a way to ensure it is received by the applicable deadline. The party must tell the court this was done either by filing a proof of service (this may be done on forms POS-040 or POS-050 for electronic service) or by completing and signing the declaration below.

Declaration of Notice

I gave notice that I intend to appear remotely to the other parties or persons entitled to receive notice in this case as stated below. Complete one item below for each person notice was given to, and enter one of the following options for "Method of notice" in c.

- **Mail:** By mailing them a copy of this form (write the mailing address in d.)
- **Overnight delivery:** By having a copy of this form delivered overnight (write the delivery address in d.)
- **Electronic notice:** By e-mail or text message (write the e-mail or phone number in d.)
- **Phone:** By telling them over the telephone or leaving them voice mail (write the phone number in d.), or
- **In person:** By giving them a copy of this form in person, or by telling them orally in person (write the address in d.)

- | | |
|---|---|
| <p>1. <input type="checkbox"/> Plaintiff/Petitioner</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) or phone number:</p> | <p>2. <input type="checkbox"/> Attorney for:</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) or phone number:</p> |
| <p>3. <input type="checkbox"/> Defendant/Respondent</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) or phone number:</p> | <p>4. <input type="checkbox"/> Attorney for:</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) phone number:</p> |
| <p>5. <input type="checkbox"/> Other (specify):</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) or phone number:</p> | <p>6. <input type="checkbox"/> Attorney for:</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) phone number:</p> |
| <p>7. <input type="checkbox"/> Other (specify):</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) or phone number:</p> | <p>7. <input type="checkbox"/> Other (specify):</p> <p>a. Name:</p> <p>b. Date of notice:</p> <p>c. Method of notice:</p> <p>d. Address (mailing, in-person, or email) or phone number:</p> |

☐ If more people were given notice, check here, attach form MC-025, titled as Attachment Notice, and add the information about how and when notice was given to each person.

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE)

Instructions for Giving Notice of Remote Appearance

(This page does not need to be filed.)

1. Court online procedures. Before using this form, check the court's website to see if that court has an online procedure for providing notice to the court of your intent to appear remotely instead. You can find a link to the website for each court at:

2. How to use this form. This form is intended for use in civil cases only (any cases not criminal or petitions for habeas corpus, other than petitions under Welf. & Inst. Code, § 5000 et seq.), to provide written notice of intent to appear remotely, to a court and the parties, as described in Code of Civil Procedure section 367.75. It is not needed in juvenile dependency hearings.

Check the court's website to determine how remote appearances work in that court before completing this form. If the court does not have an online procedure for giving notice to the court of intent to appear remotely, complete and file this form to give the court notice. If you intend to appear remotely throughout the case, you only need to file it once (check item 2a).

3. Notice to others. You may also use this form to show that you gave notice to other parties. You must give notice of your intent to appear remotely to all parties and other persons who are entitled to notice of the proceeding. (If you checked item 2a, you only need to give notice once. Otherwise, give notice to the court and others before each proceeding you intend to appear at remotely.) You can describe how and when you gave notice in the Declaration of Notice on page 2, or by filing a proof of service with the court.

4. When to file and give notice to others.

California Rules of Court, rule 3.672(g) and (h) state the deadlines by which you have to give notice of intent to appear remotely to the other parties and the court. (You can give notice earlier.) There are different deadlines :

For motions and proceedings in which people cannot testify

If a party gives or receives *at least 3 court days' notice* of the proceeding (including all regularly noticed motions):

- At least 2 court days before the proceeding.

If a party gives or receives *less than 3 court days' notice* of the proceeding (including ex parte applications):

- With the moving papers, if the notice to appear remotely is by the party that is asking for the hearing; or
- By 2 p.m. the court day before the hearing if the notice to appear remotely is by any other party.

Note: If a party misses these deadlines, they may still ask the court for permission to appear remotely.

For trials, including small claims trials, and hearings in which people may testify (evidentiary hearings)

If a party gives or receives *at least 15 court days' notice* of a trial or hearing date, and for all small claims trials:

- At least 10 court days before the trial or hearing date.

If a party gives or receives *less than 15 days' notice* of the trial or hearing (including hearings on protective orders):

- With the moving papers or at least 5 court days before the hearing, if the notice to appear remotely is by the party that is asking for the hearing; or
- By 2 p.m. the court day before the hearing if the notice to appear remotely is by any other party.

Note: If a party misses these deadlines, they may still ask the court for permission to appear remotely.

5. Opposition to remote appearances at trial or evidentiary hearing. If a party or witness has given notice of intent to appear remotely at a trial or evidentiary hearing (hearing at which people may testify), other parties in the action may oppose the remote appearance by filing *Opposition to Remote Proceeding at Evidentiary Hearing or Trial* (form RA-015). The opposition must be served on parties and other persons entitled to receive notice of the proceedings, by the deadlines summarized on that form. (Cal. Rules of Court, rule 3.672(h)(3).)

6. In-person appearance. A court may require any person to appear in person instead of remotely. (Code Civ. Proc., § 367.75(b).)

7. Recordings. No person may record a proceeding without first getting approval from the judge. (Cal. Rules of Court, rule 1.150(c).)

8. Accommodations for disability. If a party needs an accommodation for a disability, use form MC-410, *Disability Accommodations Request*, to tell the court about their needs. See form MC-410-INFO for more information.

9. Request for interpreter. If a party does not speak English well, ask the court clerk as soon as possible for a court-provided interpreter. Form INT-300, *Request for an Interpreter*, or a local court form may be used to request an interpreter. If no court interpreter is available, it may be necessary to reschedule the hearing or trial.

FAMILY LAW

REQUEST FOR ORDER

SERVING THE OTHER PARTIES

1. You must serve a copy of each filed document on the other side. You must include a blank Responsive Declaration to Request for Order form (FL-320) If you filed a Declaration Under UCCJEA form (FL-105), you must include a blank FL-105. If you filed an Income and Expense Declaration form (FL-150,) you must include a blank FL-150.
2. A Request for Order may be served personally or it may be served by mail.
3. A Request for Order must be served personally if it contains temporary orders or if it is the first motion filed in the case by the petitioner.
4. If you are filing a Request for Order to modify a post-judgment order for child support or child custody or visitation, you must complete the form Declaration Regarding Address Verification – Postjudgment Request to Modify a Child Custody, Visitation or Child Support Order (FL-334.) This form is served on the other party with copies of the other documents that you filed
5. Read the Information Sheet for Proof of Personal Service (FL-330-INFO) if you are serving the other side personally.
6. Read the Information Sheet for Proof of Service by Mail (FL-335-INFO) if you are serving the other side by mail.
7. Most documents must be served no later than 16 court days before the hearing for personal service and 16 court days plus 5 calendar days for service by mail. If you are not sure about service rules, come to the Help Desk at 751 Pine Street after you file your documents for information about serving the other side.
8. REMEMBER: YOU CANNOT SERVE YOUR OWN DOCUMENTS. SERVICE MUST BE DONE BY SOMEONE WHO IS OVER EIGHTEEN AND NOT A PARTY TO THE CASE.
9. Be sure to file the original and a copy of the proof of service.
10. SERVICE is a very important step; if you do not serve the other side correctly, the judge may not hear your case on the day of the hearing.

Do not write
on the next forms.

These forms should be
served blank
on the other party
so that they can fill them in.

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

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

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

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

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

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

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

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

Date: _____

 (TYPE OR PRINT NAME)



 (SIGNATURE OF DECLARANT)

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

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

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

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

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

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

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* ([form FL-300](#)) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* ([form DV-100](#)). Instead, you must use *Response to Request for Domestic Restraining Order* ([form DV-120](#)).

4 Forms checklist

- a. [Form FL-320, *Responsive Declaration to Request for Order*](#) is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
- b. For child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - ☐ [FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act](#)
 - ☐ [FL-311, Child Custody and Visitation \(Parenting Time\) Application Attachment](#)
 - ☐ [FL-312, Request for Child Abduction Prevention Orders](#)
 - ☐ [FL-341\(C\), Children's Holiday Schedule Attachment](#)
 - ☐ [FL-341\(D\), Additional Provisions—Physical Custody Attachment](#)
 - ☐ [FL-341\(E\), Joint Legal Custody Attachment](#)
- c. For child support, you need:
 - ☐ A current [form FL-150, Income and Expense Declaration](#). You may use [form FL-155, Financial Statement \(Simplified\)](#) instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.

Notice:

 - The court will order child support based on the income of the parents.
 - Child support normally continues until the child is 18 years and has graduated from high school.
 - You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
- d. For spousal or domestic partner support or orders about your finances, you need these forms:
 - ☐ [FL-150, Income and Expense Declaration](#)
 - ☐ [FL-157, Spousal or Partner Support Declaration Attachment](#) (if the request is to change a support judgment)
- e. For attorney's fees and costs, you need these forms:
 - ☐ [FL-150, Income and Expense Declaration](#)
 - ☐ [FL-158, Supporting Declaration for Attorney's Fees and Costs](#) (or provide the information in a declaration)
 - ☐ [FL-319, Request for Attorney's Fees and Costs Attachment](#) (or provide the information in a declaration)
- f. If you plan on having witnesses testify at the hearing, you need this form:
 - ☐ [FL-321, Witness List](#)



**To respond to a *Request for Order*, you must:
Complete caption of the form**

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

6 Specify a response to orders requested

Items 1–9: Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: you may file one form FL-150 to respond to items 3, 4, and 6.*

Item 10: Use the space to explain your responses to items 1–9. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

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

7 Next steps: file or serve your paperwork

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

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):		STATE/BAI NO.: STATE: ZIP CODE: FAX NO. (optional):	FL-320 FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:			
RESPONSIVE DECLARATION TO REQUEST FOR ORDER HEARING DATE: TIME: DEPARTMENT OR ROOM:		CASE NUMBER:	

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

- ☐ **RESTRAINING ORDER INFORMATION**
 - ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - ☐ I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.
- ☐ **CHILD CUSTODY/ VISITATION (PARENTING TIME)**
 - ☐ I consent to the order requested for child custody (legal and physical custody).
 - ☐ I consent to the order requested for visitation (parenting time).
 - ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time) but I consent to the following order:
- ☐ **CHILD SUPPORT**
 - I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-150) to support my responsive declaration.
 - ☐ I consent to the order requested.
 - ☐ I consent to guideline support.
 - ☐ I do not consent to the order requested ☐ but I consent to the following order:
- ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
 - ☐ I consent to the order requested.
 - ☐ I do not consent to the order requested ☐ but I consent to the following order:

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-320 (Rev. July 1, 2016)

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

Page 1 of 3
 Code of Civil Procedure, § 3025
 Cal. Rules of Court, rule 5.52
 www.courtinfo.ca.gov

8 Pay filing fees

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

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

9 Serve your papers on the other party

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



10 How to “serve”

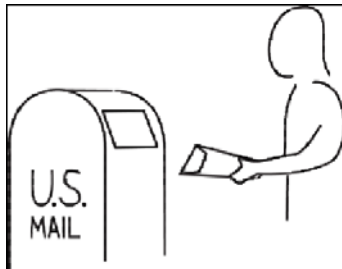
Server. You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

Personal service.

Your papers may be served by “personal service.” “Personal service” means that your “server” walks up to each person to be served, makes sure he or she is the right person, and then gives a copy of all the papers to him or her.


Service by mail.

“Service by mail” means that your “server” places copies of all the documents in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if he or she has one.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.


11 Deadline for service

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

12 Server must complete a *Proof of Service*

After personal service, the server should complete a [form FL-330](#), *Proof of Personal Service*. [Form FL-330-INFO](#), *Information Sheet for Proof of Personal Service* has instructions to help the person complete the form.

After service by mail, the server should complete [form FL-335](#), *Proof of Service by Mail*. [Form FL-335-INFO](#), *Information Sheet for Proof of Service by Mail* has instructions to help the person complete the form.

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

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

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

14 Participate in child custody mediation or child custody recommending counseling

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

15 Get ready for your hearing

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

16 Still have questions or need help?

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ (This section applies only to guardianship cases.) <div style="text-align: right;">Minor</div>	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence <div style="text-align: right;">to present</div>	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence <div style="text-align: right;">to present</div>	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

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

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

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

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

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

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

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

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

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

<input type="text"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="text"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="text"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

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

- (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.)

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*):

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*):

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:

Page 1 of 4

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

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

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

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

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

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

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

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

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

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

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

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

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

16. Number of children

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

17. Children's health-care expenses

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

18. Additional expense for the children in this case

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER CASE NAME:		
OPPOSITION TO REMOTE PROCEEDING AT EVIDENTIARY HEARING OR TRIAL		CASE NUMBER:

Unless the court has an online process for opposing a remote appearance, this form must be used to show the court why a remote appearance or testimony should not be allowed at a trial or an evidentiary hearing, which is a hearing in which a person may testify under oath. (For opposing a remote appearance in a juvenile dependency action, use form RA-030.)
See page 2 of this form for more information, including deadlines for filing or serving an opposition.

1. Person opposing remote appearance or testimony is (*check and complete all that apply*):

- ☐ Plaintiff/Petitioner (*name*):
☐ Defendant/Respondent (*name*):
☐ Other (*name and role in case*):

2. The trial or evidentiary proceeding with a remote appearance or testimony set is for (*describe*):

set on (*date*): at (*time*): in (*department*):
 before (*name of judicial officer, if known*):

3. The reasons why remote appearance or testimony should not be allowed are (*describe the reasons here, including who would be appearing, or, if more space is required, attach form MC-25*): ☐ Explanation is on form MC-025, titled as Attachment 3.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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Instructions

1. **Opposition to remote proceedings.** If a court has set a trial or evidentiary hearing (a hearing at which a party may testify under oath) to be conducted remotely, or if another party or a witness has given notice of their intent to appear remotely at a trial or an evidentiary hearing, parties may oppose the remote appearance or remote testimony by serving and filing this form. Parties may also use it if they want a court ruling in advance that a party or witness must appear in person. (Code Civ. Proc., § 367.75; Cal. Rules of Court, rule 3.672(h)(3).)

2. **How to use this form.** This form is to explain to the court and the other parties the reasons for opposing a remote appearance or remote testimony at a trial or evidentiary hearing. If the opposition is to the testimony of certain individuals, item 3 should include their names and an explanation of why the opposing party believes their remote testimony or remote appearance should not be allowed. This form may **not** be used in juvenile dependency cases. (A party may file form RA-030 for those cases.)

3. **Service and filing.** The opposition must be filed with the court and served on all parties and other persons entitled to receive notice of the proceedings. California Rules of Court, rule 3.672(h)(3) states when the opposition must be served and filed. There are different deadlines based on how much notice parties have of the trial or evidentiary hearing:

- At least 5 court days before the trial or hearing date if a party gave or received at least 15 court days' notice of the trial or hearing date; or
- By at least noon the court day before the hearing or trial date if a party gave or received less than 15 court days' notice of the trial or hearing date.

The next set of forms
is used to let the judge
know that you have
served the other party.

Superior Court of California, County of Contra Costa

GENERAL INFORMATION

1. A Request for Order must be served personally if it is the first motion filed in the case by the petitioner. All other Requests for Order may be served by mail.
2. If you are filing a Request for Order to modify a post-judgment order for child support or child custody or visitation, you must complete the form Declaration Regarding Address Verification (FL-334.) This form is served on the other party along with copies of the other documents that you filed
3. CAUTION: If you do not serve the other side correctly, the judge may not hear your case on the day of the hearing.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
PROOF OF PERSONAL SERVICE	

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

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

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

5. I am

a. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	e. <input type="checkbox"/> a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

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

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)	 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)
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INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
 - a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="width: 10%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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

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

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

by enclosing them in an envelope AND

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

 - c. Date mailed:
 - d. Place of mailing (*city and state*):
5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div>E-MAIL ADDRESS (Optional):</div> <div>ATTORNEY FOR (Name):</div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
DECLARATION REGARDING ADDRESS VERIFICATION— POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER	
CASE NUMBER:	

1. I am the ☐ attorney for ☐ petitioner ☐ respondent ☐ other parent ☐ other party in this matter.
2. ☐ **The request is to modify a judgment or permanent order only for child support and a local child support agency is providing services in the case.** Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).
3. ☐ **The request is to modify a judgment or permanent orders for child custody, visitation, or child support.**
 Note: If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.
 - a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current residence or office address is (*specify*):
 - b. I can confirm that the above address is the other party's **current residence or office address** because (*specify*):
 - (1) ☐ I contacted the other party directly within the past 30 days and he or she gave me the above address.
 - (2) ☐ I have been at that address in connection with a custody and visitation or other matter within the past 30 days.
 - (3) ☐ It is the new address that the other party provided on *Notice of Change of Address* (form MC-040) or other pleading and filed with the court on (*specify date*):
 - (4) ☐ It is the office address that he or she last gave on a document filed with the court in this case which was also served on me as a party in the case.
 - (5) ☐ I sent the other party a letter by mail to the address in (2) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.
 - (6) ☐ I confirmed by another method (*specify*):
☐ Continued in Attachment 3b(6).

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
 Date: _____

(TYPE OR PRINT NAME)		(SIGNATURE OF PERSON COMPLETING THIS FORM)
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

- **If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

1. The local child support agency must be served not less than 30 days before the hearing date.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:**

1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**