

INITIAL REQUEST FOR ORDERS (RFO INITIAL)



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

How to Guide & Forms

Self-Help Legal Access Centers

Santa Monica

1725 Main St.,
Room 210
Santa Monica, CA 90401

Inglewood

1 East Regent St.,
Room 107
Inglewood, CA 90301

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

275 Magnolia Ave.,
Room 3101
Long Beach, CA 90802

March 2019

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

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What is an "Initial" Request For Orders (RFO)?

This is a Request to the Court to give you "Initial" or First Orders in your Paternity or Divorce Case. These Initial Orders are "TEMPORARY" and will be in effect immediately until a Judgment is rendered or they are changed with other orders.

With these forms, you will be asking the Court for specific orders in your case for things like: custody/visitation of your children, child/spousal support, property control or any other request that you may need a Court Order or permission.

You will be expected to:

- 1) Completely fill out these (and perhaps other documents) forms;**
- 2) File this packet with the court clerk;**
- 3) Personally have these documents served on the other side;**
- 4) Attend a Mediation Date to try to work out an agreement with the other party and**
- 5) Go to a Court Date to have your case heard before a judge.**

The court will give you a mediation and a court date. It is important that you attend both dates. If you do not, you most likely will not get the orders that you are asking for.

Use BLACK INK to complete these forms. This guide is to assist you in filling out the necessary forms. This may not be all the forms necessary based upon the facts of your individual case. Before submitting any documents with the court, seek out professional legal guidance. Blank forms are available in our "Initial Orders Form Packet". Please complete those forms as much as you can (70% to 80%) before you ask this center to review your documents.

| | |
|--|--|
| PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: PRINT YOUR NAME FIRM NAME: STREET ADDRESS: PRINT YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: PRINT YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SELF REPRESENTED | FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> CHECK THE BOXES OF THE ORDERS THAT YOU ARE ASKING THE COURT TO GIVE YOU. </div> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: PRINT THE ADDRESS OF THE COURT CITY AND ZIP CODE: BRANCH NAME: | CASE NUMBER: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> PRINT CASE NUMBER </div> |
| PETITIONER: PRINT THE PETITIONER'S NAME RESPONDENT: PRINT THE RESPONDENT'S NAME 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): | |

NOTICE OF HEARING

1. TO (name(s)): **PRINT THE OTHER SIDE'S FULL NAME**

Petitioner Respondent Other Parent/Party Other (specify):

Check whether the other side is the petitioner or respondent.

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

| | | |
|--|--|--------------------------------|
| a. Date: b. Address of court <input checked="" type="checkbox"/> same | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> THE CLERK WILL GIVE YOU A HEARING DATE. YOU MUST HAVE THIS DOCUMENT AND ALL THE ATTACHMENTS SERVED ON THE OTHER SIDE AS SOON AS POSSIBLE. </div> | <input type="checkbox"/> Room: |
|--|--|--------------------------------|

3. **WARNING to the person served** *When the Request for Order is granted, 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. <input type="checkbox"/> Time <input type="checkbox"/> for service 5. <input type="checkbox"/> A Responsive Declaration 6. <input type="checkbox"/> The parties must attend a mediation/parenting counseling as follows (specify date, time, and location) 7. <input type="checkbox"/> The orders in Temporary Orders must be personally served with all documents filed with this Request for Order. 8. <input type="checkbox"/> Other (specify): | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> THIS IS FOR THE COURT TO FILL OUT THE COURT WILL ALSO GIVE YOU A MEDIATION/APPOINTMENT DATE. YOU WILL BE REQUIRED TO ATTEND THIS DATE. THE DATE WILL USUALLY BE PUT HERE BY THE COURT. </div> |
|--|--|

Date: _____

JUDICIAL OFFICER Page 1 of 4

| | |
|---|--|
| PETITIONER: PRINT THE PETITIONER'S NAME RESPONDENT: PRINT THE RESPONDENT'S NAME OTHER PARENT/PARTY: | CASE NUMBER: PRINT THE CASE NUMBER |
|---|--|

REQUEST FOR ORDER

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

1. **RESTRAINING ORDER INFORMATION**

One or more domestic violence restraining/protective orders are now in effect between (specify):
 Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)
 The orders are from the following court or courts (specify county and state):

- a. Criminal: County
 b. Family: County/s
 c. Juvenile: County/state (specify):
 d. Other: County/state (specify):

Check these boxes IF YOU ARE YOU ASKING FOR CHILD CUSTODY ORDERS AND/OR VISITATION ORDERS

Case No. (if known):
 Case No. (if known):

2. **CHILD CUSTODY**

I request temporary emergency orders

VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

Child's Name Date of Birth

PRINT YOUR CHILD(REN'S) NAME(S) PRINT DOB

Legal Custody to (person who decides: health, education, etc):

PRINT THE NAMES OF THE PARENTS WHO WILL HAVE LEGAL CUSTODY. ONE PARENT FOR "SOLE/PRIMARY" TWO PARENTS FOR "JOINT"

Physical Custody to (person with whom child lives):

PRINT THE NAMES OF THE PARENTS WHO WILL HAVE PHYSICAL CUSTODY. ONE PARENT FOR "SOLE/PRIMARY" TWO PARENTS FOR "JOINT"

b. The orders I request for child custody visitation (parenting time) are:

(1) Specified in the attached forms:

- Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
 Form FL-341(D) Form FL-341(E) Other (specify):

(2) As follows (specify):

Attachment 2a.

Attachment 2b.

IF YOU USE THESE FORMS TO EXPLAIN WHAT YOU WANT, BE SURE TO MARK THEM

c. The orders that I request are in the best interest of the children because (specify):

Attachment 2c.

EXPLAIN WHY THESE ORDERS ARE IN "THE BEST INTEREST OF THE CHILDREN" (OR GOOD FOR THE KIDS). TELL THE STORY. IF YOU NEED MORE ROOM YOU CAN ADD ATTACHMENTS & LABEL IT "2C".

d. This is a change from the current order for child custody visitation (parenting time).

(1) The order for legal

The court ordered (specify):

DO NOT FILL THIS AREA OUT THIS AREA IS FOR ONLY IF YOU HAVE PREVIOUS ORDERS/JUDGMENT IN PLACE & WANT TO CHANGE THE ORDERS. IF THIS IS THE CASE, YOU NEED A DIFFERENT PACKET.

(2) The visitation (pare

e court ordered (specify):

Attachment 2d.

| | |
|---|--|
| PETITIONER: PRINT PETITIONER'S NAME RESPONDENT: PRINT RESPONDENT'S NAME OTHER PARENT/PARTY: | CASE NUMBER: PRINT THE CASE NUMBER |
|---|--|

3. **CHILD SUPPORT**
 (Note: An earnings assignment may be issued. See Attachment 3c.)
 a. I request that the court order child support as follows:
Child's name and age

CHECK HERE IF YOU ARE ASKING FOR CHILD SUPPORT. YOU MUST ALSO FILL OUT THE FL-150 SHOWING ALL OF YOUR EXPENSES AND INCOME. Attach copies of your pay stubs or other proof of income for the last two months.

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

PRINT THE NAME AND AGE OF EACH CHILD

Check here if you want the support to be decided based on the guidelines set by the state.

Check here if you are requesting a specific amount of child support. Remember that you cannot check both, just check one.

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

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

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

EXPLAIN IN DETAIL WHY THE COURT SHOULD MAKE THE CHILD SUPPORT ORDER THAT YOU ARE REQUESTING.

IF YOU NEED MORE ROOM, ADD AN ATTACHMENT AND LABEL IT: "ATTACHMENT 3D".

IF YOU WANT TO USE OUR DECLARATION PACKET PUT IT THERE, AND JUST WRITE HERE: "SEE ATTACHED DECLARATION"

CHECK HERE IF YOU WANT SPOUSAL SUPPORT (AKA ALIMONY). YOU MUST FILL OUT THE FL -150 SHOWING ALL OF YOUR EXPENSES AND INCOME. Attach copies of your pay stubs or other proof of income for the last two months.

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 document 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.

YOU MAY BE REFERRED TO AN ATTORNEY (VIA REFERRAL SERVICE) OR THE FAMILY LAW FACILITATOR FOR ASSISTANCE WITH CHILD/ SPOUSAL SUPPORT MATTERS

5. **PROPERTY CONTROL** I request temporary
 a. The petitioner respondent other parent/party be given exclusive temporary use and control of the following property that we own or are buying lease or rent (specify):

CHECK HERE AND WRITE HOW MUCH \$\$\$ YOU ARE ASKING FOR.

CHECK HERE IF YOU WANT ORDERS ABOUT PROPERTY

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.

LIST OUT SEPARATELY FOR EACH DEBT: WHO THE AMOUNT SHOULD BE PAID, FOR WHAT EXACTLY, HOW MUCH AND THE DATE THAT IT IS DUE.

| | |
|---|--|
| PETITIONER: PRINT PETITIONER'S NAME RESPONDENT: PRINT RESPONDENT'S NAME OTHER PARENT/PARTY: | CASE NUMBER: PRINT THE CASE NUMBER |
|---|--|

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* in that form.
- c. A *Supporting Declaration for* factors covered in that form.

THIS AREA IS FOR ATTORNEY FEES AND COSTS.
PLEASE SPEAK WITH A STAFF PERSON IN THE CENTER BEFORE
FILLING THIS AREA OUT.

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 THIS AREA IS FOR CHANGING OR TERMINATING RESTRAINING ORDERS THAT ARE CURRENTLY IN EFFECT.

- a. The *Restraining Order After Hearing*
- b. I request that the court change protective orders made in *Restraining Orders*, or other *Restraining Orders* (complete 7c.)
- c. I request that the court make Attachment 7c.

d. I want the court to change or end the orders because (specify): Attachment 7d.

8. OTHER ORDERS REQUESTED (specify): Attachment 8.

IF YOU ARE ASKING FOR ANY OTHER ORDERS, MARK THIS BOX AND LIST THEM HERE. EXAMPLES ARE: PASSPORTS FOR CHILDREN, TRAVEL PERMISSION, MOVE AWAY ORDERS, OR NAME CHANGES ON GOVERNMENT DOCUMENTS.

9. TIME FOR SERVICE / TIME UNTIL HEARING

- a. I urgently need: court days before the hearing.
- b. To serve the *Request for Order* no less than (number):
- c. The hearing date and service of the *Request for Order* to be sooner.

I need the order because (specify): Attachment 9c.

CHECK HERE AND TELL YOUR STORY AS TO WHY YOU SHOULD GET WHAT YOU ARE ASKING FOR.

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.

YOU MUST EXPLAIN WHY YOU NEED ANY OF THE ORDERS ABOVE. TELL YOUR STORY!

IF YOU USE OUR DECLARATION PACKET FOR CUSTODY AND VISITATION, WRITE THE STORY THERE AND PRINT HERE, "SEE ATTACHED DELCARATION - CUSTODY AND VISITATION"

IF YOU WRITE THE STORY HERE & NEED MORE ROOM, ADD ANOTHER PAGE & LABEL IT 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: **PRINT TODAY'S DATE**

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF APPLICANT)



Requests for Accommodations

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

PETITIONER: PRINT THE PETITIONER'S NAME
RESPONDENT: PRINT THE RESPONDENT'S NAME
OTHER PARENT/PARTY:

CASE NUMBER:
PRINT THE CASE NUMBER

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT
-This is not a court order-

TO [] Petition [] Response [X] Request for Order [] Responsive Declaration to Request for Order
[] Other (specify): CHECK IF YOU ARE REQUESTING CUSTODY ORDERS

1. [X] Custody. Custody of the minor children of the parties is requested as follows:

Child's Name Date of Birth Legal Custody to (person who decides Physical Custody to (person
PRINT THE CHILD(REN)'S DOB OF EACH CHILD about health, education, etc.) with whom the child lives)
NAME(S) HERE

PRINT THE NAMES OF THE
PARENTS THAT ARE
REQUESTING TO HAVE LEGAL
CUSTODY
ONE PARENT = SOLE
BOTH PARENTS = JOINT

PRINT THE NAMES OF THE
PARENTS THAT ARE
REQUESTING TO HAVE
PHYSICAL CUSTODY.
ONE PARENT = PRIMARY
BOTH PARENTS = JOINT
JOINT PHYSICAL CUSTODY
MEANS CUSTODY IS SPLIT
BETWEEN PARENTS 50/50.
PRIMARY PHYSICAL CUSTODY
MEANS THAT THE CHILD(REN)
STAYS MOSTLY WITH ONE
PARENT.

2. [] Visitation (Parenting Time).

Note: Unless specifically ordered, a child's holiday

VISITATION
YOU HAVE THREE OPTIONS FOR
VISITATION:
A. REASONABLE VISITATION:
This means that you will be able to work
out a visitation schedule with the other
side. This type of order is not enforceable
by the police because it is not specific.
You should be sure that you can agree
about visitation with the other person when
you choose this option.
B. NO VISITATION: This means the
other party never sees the child(ren). You
need to show the other parent is physically
or mentally dangerous to the child(ren), a
flight risk or something that shows
VISITATION SHOULD NOT BE GIVEN TO
THE PARENT. Remember a parent has a
"basic" right to see their child(ren).
IF YOU CHOOSE THIS OPTION, YOU
MUST EXPLAIN WHY THE OTHER SIDE
SHOULD NOT BE ABLE TO VISIT THE
CHILDREN IN A SEPARATE
DECLARATION.
C. SPECIFIC VISITATION: This
means that you set out a specific set of
days & times that the other parent would
visit with the child(ren).
You may request the other parent have
overnight visits, certain weekdays, or any
other specific schedule or plan.
BE AS CLEAR AS POSSIBLE!
IT HAS TO MAKE SENSE TO THE
COURT AND TO LAW ENFORCEMENT
TO BE ENFORCEABLE.

a. [X] Reasonable right of parenting time (visitation involving domestic violence).

b. [] See the attached -page document.

c. [] The parties will go to child custody mediator location):

d. [] No visitation (parenting time).

e. [] Visitation (parenting time). (Specify start

[] Petitioner's [] Respondent's

(1) [] Weekends starting (date):

(Note: The first weekend of the month)

[] 1st [] 2nd [] 3rd

from at

(day of week)

to at

(day of week)

(a) [] The parties will alternate

[] other parent/part

(b) [] The [] petitioner

weekend in [] odd []

(2) [] Alternate weekends starting

from at

(day of week)

to at

(day of week)

(3) [] Weekdays starting (date):

from at a.m. p.m./ If applicable, specify:

(day of week) (time)

to at a.m. p.m./ If applicable, specify:

(day of week) (time)

(4) [] Other visitation (parenting time) days and restrictions are: [] listed in Attachment 2e(4)

[] as follows:

regularly (not
unselin
check "start of" OR "after school."
the (visitation) will be as follows:
the month
applicable, specify: [] start of school [] after school
applicable, specify: [] start of school [] after school
petitioner [] respondent
starts (date):
party will have the fifth
applicable, specify: [] start of school [] after school
applicable, specify: [] start of school [] after school
applicable, specify: [] start of school [] after school

PETITIONER: **PRINT THE PETITIONER'S NAME**
RESPONDENT: **PRINT THE RESPONDENT'S NAME**
OTHER PARENT/PARTY:

CASE NUMBER:
PRINT THE CASE NUMBER

- 3. **Supervised visitation (parenting time).**
 - a. ~~If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if the petitioner is alleging domestic violence and is protected by a restraining order.~~
 - b. The person who supervises the visitation (parenting time) must meet the requirements of a *Supervised Visitation Provider* (form FL-324) under Family Code § 3200.
 - c. I request that (name):
with the minor children according to the schedule set out on page 1.
 - d. I request that the visitation (parenting time) be supervised by (name):
who is a professional nonprofessional supervisor.
The supervisor's phone number is (specify):
 - e. I request that any costs of supervision be paid as follows: petitioner:
other parent/party: percent.
- 4. **Transportation for visitation (parenting time) and place of exchange.**
 - a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
 - 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 at home (or exchange location) while the children go between the car and the home (or exchange location).
 - g. Other (specify):

Indicate if you want the other parent to have supervised visits. You need to show that the other parent cannot care for the child(ren) and needs supervised or monitored visitation.
You should provide:
1. The parent who needs the supervision.
2. the person who supervises the child(ren) and if they are professional/nonprofessional person(s) to provide supervision
3. What percent the supervision should be paid by each parent.
If you choose this option, YOU MUST EXPLAIN WHY UNSUPERVISED VISITATION IS BAD FOR YOUR CHILD(REN) on a separate Attachment.

Transportation to/from visits and where the exchange points will take place. Also, who is responsible for the transportation and other important details involving exchanges.

- 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):

Travel Restrictions for the child(ren). If you feel that a parent should not take the child out of the county, state or country, mark here and to what extent travel should be restricted.

- 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 on the attached form FL-341(C) Other (specify):
- 8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) Other (specify):
- 9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) Other (specify):
- 10. **Other.** I request the following additional orders (specify):

These are additional restrictions that can be placed on either party. If you mark these boxes, then you must provide the additional forms: FL-312, FL-341(C), FL-341(D), FL-341(E) or the specific explanation as to what you are looking for in the various provisions/details.

| | |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Print Your Name Print Your Address City, State, Zip Code TELEPHONE NO.: Print Your Phone # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Self Represented | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: Leave Blank MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| (This section applies only to family law cases.) PETITIONER: Print Petitioner's Name RESPONDENT: Print Respondent's Name OTHER PARTY: | |
| (This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor | CASE NUMBER: Leave Blank |
| DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) | |

1. I am a party to this proceeding to determine custody
 2. My present address and the present address of _____ I have indicated in item 3.
 3. There are (specify number): _____ proceeding, as follows:
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

Write the number of MINOR children you have with the other person.

| a. Child's name | Place of birth | Date of birth | Sex |
|---|--|------------------|-----|
| Oldest Minor Child's Name | City and State of Birth | Birthdate | |
| 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 <input type="checkbox"/> Residence information is the same as given above 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) | | |

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.) Page 1 of 2



| | |
|--|---------------------------------------|
| SHORT TITLE: Petitioner's Last Name vs. Respondent's Last Name | CASE NUMBER: Print Case No. |
|--|---------------------------------------|

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 of or judge (date) | If there is a past court order from Children's Court or a domestic violence restraining order or child support order or other court orders, Answer Yes and print information. | 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 | | | | |

**Is there a current restraining order (NOT expired)?
If yes, answer yes and answer questions a-d.**

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):

Besides you or the other parent, has anyone else filed a court case for custody or visitation?

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

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

Date: **Print Today's Date**

Print Your Name

(TYPE OR PRINT NAME)

Sign Your 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.

1 **DECLARATION OF FACTS IN SUPPORT OF, OR IN RESPONSE TO, APPLICATION**
2 **FOR CHILD CUSTODY AND/OR VISITATION ORDERS**

3
4 I, _____, declare as follows:
5

6 1. In my dissolution or paternity case,

7 I am the Petitioner

8 or

9 I am the Respondent
10

11 2. The other party

12 Full name of

12 **These questions are self-explanatory. Fill**
13 **out this page with the appropriate**
14 **information.**

Age

15 _____
16 _____
17 _____
18 _____
19 _____
20
21 3. I am the mother father.
22

23 4. The child(ren) have lived primarily with that parent since _____.
24 //
25 //
26 //
27 //

1 5. I request the Court to make the following changes or modification of orders for legal and
2 physical custody:

- 3 1. Primary physical custody and sole legal custody to
4 mother father
- 5 2. Joint legal custody to both mother and father with primary physical custody to
6 mother father
- 7 3. Joint legal and physical custody to both mother and father.
- 8 4. Other: _____

10 7. I request that the court make one of the following orders for visitation of child(ren) for
11 mother father to be:

- 12 Reasonable visitation that we can agree to.
- 13 No visitation. I have explained in paragraph 10 why I believe the other parent should have
14 no visitation.
- 15 Supervised or monitored visitation. I have explained in paragraph 11 why I believe the
16 other parent should have supervised visitation.
- 17 Specific visitation, as stated in forms:
18 FL-311, FL-312, FL-341(C), FL-341(D), FL-341(E)
- 19 Specific visitation, as follows: _____

21 Check off what type of visitation you
22 want. If you have already filled out these
23 specific visitation and custody forms,
24 check off the forms you filled out.

1 8. I believe that it is the child(ren)'s best interest to award custody and visitation as I have
2 requested because: _____

3 _____
4 _____
5 _____

You will need to write a statement of why you want the orders you are requesting. You will need to write why the orders you are requesting are in the best interests of your CHILD(REN). You should also write facts to support why it is in the child's best interest to have orders granted.

6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____
28 _____

1 9. I request that there be **NO** visitation which would be in the best interest of the minor child(ren)
2 for the following reasons: _____

3
4 If you are requesting no visitation for the other parent, you
5 must state why you are requesting this. You need to show
6 the other parent is physically or mentally dangerous to the
7 child(ren), a flight risk of something similar.

8 10. A monitor/supervisor is necessary for the following reasons: _____

9
10 If you are requesting supervised visitation for the other
11 parent, you must state why you are requesting this. You
12 need to show that the other parent cannot care for the
13 child(ren) and needs supervised or monitored visitation.

14 (A) I request that _____ shall serve as the visitation monitor for
15 the following reasons: _____

16
17
18 (B) I request that _____ shall **NOT** serve as the visitation monitor
19 for the following reasons: _____

20
21
22 (C) I request that mother father pay the fees for any professional monitor.

23
24 I declare under penalty of perjury under the laws of the State of California that the foregoing
25 is true and correct. Executed at _____, California on _____, 20____.

26 PRINT THE NAME OF
THE CITY WHERE YOU
SIGNED THIS

27 SIGN YOUR NAME

28 Petitioner Respondent

| | |
|--|--|
| PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: PRINT YOUR NAME HERE FIRM NAME: STREET ADDRESS: PRINT YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self Represented | STATE BAR NUMBER: FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> FORMS TIP: If you are not requesting CHILD SUPPORT OR SPOUSAL SUPPORT in your REQUEST FOR ORDER, then the FL-150 DOES NOT NEED to be completed. </div> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: PRINT THE ADDRESS OF THE COURT CITY AND ZIP CODE: BRANCH NAME: BRANCH NAME | |
| PETITIONER: PRINT THE PETITIONER'S NAME RESPONDENT: PRINT THE RESPONDENT'S NAME OTHER PARTY/PARENT/CLAIMANT: | |
| INCOME AND EXPENSE DECLARATION | CASE NUMBER: PRINT THE CASE NUMBER |

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

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

- a. Employer: **PRINT YOUR EMPLOYER'S NAME**
- b. Employer's address: **PRINT YOUR EMPLOYER'S ADDRESS**
- c. Employer's phone number: **PRINT YOUR EMPLOYER'S PHONE NUMBER**
- d. Occupation: **PRINT YOUR OCCUPATION**
- e. Date job started: **DATE YOU STARTED YOUR JOB**
- f. If unemployed, date job ended: **IF YOUR JOB ENDED, WHAT DATE**
- g. I work about # OF HOURS hours per week.
- h. I get paid \$ **AMOUNT PAID** gross (before taxes) per month per week per hour.

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

**HOW YOU GET PAID THAT AMOUNT:
PER MONTH, PER WEEK OR PER HOUR**

2. **Age and education**

- a. My age is (specify): **PRINT YOUR AGE**
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college: **HOW MUCH SCHOOL THAT YOU COMPLETED OR PROFESSIONAL/OCCUPATIONAL/VOCATIONAL TRAINING ACHIEVED**
- d. Number of years of graduate school:
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. **Tax information**

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

**YOUR LAST TAX FILING HISTORY GOES HERE.
IF YOU NEVER FILED TAXES, THEN PRINT
- "NEVER FILED TAXES"**

HOW MUCH THE
OTHER SIDE EARNS
PER MONTH.

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain): **HOW DO YOU KNOW THIS AMOUNT IN #4. SHARED TAXES, SEEN PAY STUBS, THEY TOLD ME ETC.**

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

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

Date: **PRINT TODAY'S DATE**

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN HERE

(SIGNATURE OF DECLARANT)

| | |
|--|--|
| PETITIONER: PRINT THE PETITIONER'S NAME RESPONDENT: PRINT THE RESPONDENT'S NAME OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: PRINT THE CASE NUMBER |
|--|--|

12. The following people live with me:

| Name | Age | How the person is related to me (ex: son) | That person's gross monthly income | Pays some of the household expenses? | | | | | | | | | | |
|--|---|---|--|---|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. <div style="border: 1px solid black; padding: 2px; text-align: center;">PUT THE NAMES OF THE PEOPLE WHO LIVE WITH YOU</div> | b. <div style="border: 1px solid black; padding: 2px; text-align: center;">THEIR AGES</div> | c. <div style="border: 1px solid black; padding: 2px; text-align: center;">RELATIONSHIP TO YOU - CHILD, PARENT, UNCLE, AUNT, FRIEND, ETC.</div> | d. <div style="border: 1px solid black; padding: 2px; text-align: center;">HOW MUCH THEY MAKE EVERY MONTH.</div> | e. <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Yes</td> <td style="border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yes</td> <td style="border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yes</td> <td style="border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yes</td> <td style="border: none;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yes</td> <td style="border: none;"><input type="checkbox"/> No</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | |

13. Average monthly expenses Estimated expenses Actual expenses

DOES THIS PERSON PAY SOME OF THE EXPENSES?

| | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____ i. Clothes \$ _____</p> <p>If mortgage:</p> <p>(a) average principal: _____ \$ _____</p> <p>(b) average interest: _____ \$ _____</p> <p>(2) Real property taxes... _____ \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) _____ \$ _____</p> <p>(4) Maintenance and repairs _____ \$ _____</p> <p>b. Health-care costs not paid by insurance _____ \$ _____</p> <p>c. Child care _____ \$ _____</p> <p>d. Groceries and household supplies _____ \$ _____</p> <p>e. Eating out _____ \$ _____</p> <p>f. Utilities (gas, electric, water, trash) _____ \$ _____</p> <p>g. Telephone, cell phone, and e-mail _____ \$ _____</p> | <p>h. Laundry and cleaning _____ \$ _____</p> <p>j. Gifts, and vacation _____ \$ _____</p> <p>k. Transportation (gas, repairs, bus, etc.) _____ \$ _____</p> <p>l. Life insurance (do not include health insurance) _____ \$ _____</p> <p>m. Investments _____ \$ _____</p> <p>n. Charitable contributions _____ \$ _____</p> <p>o. Other (specify): _____ \$ _____</p> <p>q. Other (specify): _____ \$ _____</p> |
| FILL IN YOUR MONTHLY EXPENSES. EACH BLANK SHOULD HAVE A NUMBER AMOUNT OR \$0. THERE SHOULD BE NO BLANKS SPACES. | |
| <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> <p>s. Amount of expenses paid by others \$ _____</p> | |

IF ANYONE IS HELPING YOU WITH YOUR EXPENSES - FRIEND, FAMILY MEMBER, THE OTHERSIDE, THEN PUT HOW MUCH THEY GIVE YOU AVERAGE PER MONTH.

14. Installment payments and debts not listed above

| Paid to | For | Amount | Balance | Date of last payment |
|---|-----|--------|---------|----------------------|
| PRINT ANY PAYMENTS OR DEBTS THAT ARE NOT LISTED ABOVE HERE SUCH AS - YOUR CREDIT CARD PAYMENTS, DEPARTMENT STORE CREDIT CARDS, STUDENT LOANS, PAY DAY LOANS, GARNISHMENTS, ETC. THE TOTAL SHOULD GO INTO "P" ABOVE | | | | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

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

a. To date, I have paid my attorney _____

b. The source of this money was _____

c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____

d. My attorney's hourly rate is (specify): _____

THIS AREA IS FOR ATTORNEYS AND IS LEFT BLANK FOR SELF REPRESENTED INDIVIDUALS

I confirm this fee arrangement.

Date: // // // //

Self Represented

(TYPE OR PRINT NAME)



////////////////////

(SIGNATURE OF DECLARANT)

| | |
|--|--|
| PETITIONER: PRINT THE PETITIONER'S NAME RESPONDENT: PRINT THE RESPONDENT'S NAME OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: PRINT THE CASE NUMBER |
|--|--|

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

16. Number of children PRINT THE NUMBER OF MINOR CHILDREN IN THE CASE

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.)

PUT THE PERCENT OF TIME THAT THE CHILDREN SPEND WITH EACH PARENT
 - 100% / 0% OR 80% / 20% OR 50% / 50%

IF YOU CANNOT COME UP WITH A PERCENTAGE, THEN DESCRIBE THE WEEKLY SCHEDULE HERE SO THAT THE COURT CAN DECIDE WHAT THAT PERCENTAGE SHOULD BE.

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: **PRINT THE NAME OF THE INSURANCE COMPANY**

c. Address of insurance company: **PRINT THE ADDRESS OF THE CHILD(REN)'S INSURANCE COMPANY**

DOES YOUR WORK HAVE INSURANCE FOR THE CHILD(REN)?

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

18. Additional expense for the children in this case

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

ANY ADDITIONAL EXPENSES THAT YOUR CHILD(REN) HAVE NEED TO BE LISTED. DO NOT FORGET TO ADD THESE EXPENSES TO THE PREVIOUS PAGE.

following special financial circumstances

ANY EXTRAORDINARY EXPENSES OR EXPENSES FOR OTHER CHILDREN FROM OTHER RELATIONSHIPS?

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

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

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

EXPLAIN WHY THE ABOVE IS AN EXTREME FINANCIAL HARDSHIP THAT THE COURT SHOULD CONSIDER WHEN DECIDING ANY SUPPORT IN YOUR CASE.

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

ANY OTHER INFORMATION THAT YOU WANT THE COURT TO KNOW ABOUT FOR YOUR SUPPORT CASE. EXAMPLES: THE OTHER SIDE DOES NOT SUPPORT THE CHILD(REN), I HAVE ANOTHER SUPPORT CASE FOR OTHER CHILDREN, LOCAL CHILD SUPPORT SERVICES ALREADY HAS A SUPPORT CASE OPENED, I JUST LOST MY JOB, I AM ON DISABILITY, I HAVE A CHILD THAT IS VERY ILL/DISABLED, I AM DISABLED, ETC.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406)
 (Name, State Bar number, and address):

PRINT YOUR NAME

PRINT YOUR ADDRESS

TELEPHONE NO.: **PRINT TELEPHONE NO.** FAX NO.:

ATTORNEY FOR (Name): **Self Represented**

IMPORTANT!!!!

YOU should not be signing this form. This should be completed/ signed by the person that served the other side. This person should be over the age of 18 and not affiliated with your case.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

STREET ADDRESS: **PRINT THE ADDRESS OF THE COURT**

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF: **PRINT THE PETIONER'S NAME**

RESPONDENT/DEFENDANT: **PRINT THE RESPONDENT'S NAME**

OTHER PARENT/PARTY:

CASE NUMBER:
PRINT YOUR CASE NUMBER

(If applicable, provide):

HEARING DATE:

HEARING TIME:

DEPT.:

PROOF OF PERSONAL SERVICE

- I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
- Person served (name): **PRINT THE OTHER SIDE'S NAME**
- I served copies of the following documents (specify):

FL-300, FL-105, FL-311, DECLARATIONS IN SUPPORT, AND ANY OTHER FORMS THAT YOU COMPLETED

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

- Date:
- Time:
- Address:

A person over the age of 18 and NOT CONNECTED TO or AFFILIATED WITH THE CASE * CANNOT BE YOU *** MUST PERSONALLY serve this paper work. This Serving Person should print the DATE, TIME AND ADDRESS of where the documents were served on the other side.**

- I am
 - not a registered California process server.
 - a registered California process server.
 - an employee of a registered California process server.
 - exempt from registration under Business & Profession Code section 22350(b).
 - a California sheriff or marshal.

The person should check which option best describes them.

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

The server should print their name, address, and telephone number here.

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

Mark here if the person is NOT A Sheriff or Marshall.

Mark here if the PERSON is a Sheriff is a Marshall.

Date: **PRINT TODAY'S DATE**

THE PRINT THE SERVER'S NAME

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

THE PERSON SERVING THESE PAPERS SIGNS THEIR NAME HERE

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)