

REQUEST FOR ORDER MODIFICATION



**LEGAL AID
FOUNDATION**
OF LOS ANGELES

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

November 2016

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.

Please type or print in black or blue ink.

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blank.**

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 checked="" 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)): _____
☐ 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

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

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

1. ☐ RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

☐ Petitioner ☐ Respondent ☐ Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- | | |
|---|----------------------|
| a. <input type="checkbox"/> Criminal: County/state (specify): | Case No. (if known): |
| b. <input type="checkbox"/> Family: County/state (specify): | Case No. (if known): |
| c. <input type="checkbox"/> Juvenile: County/state (specify): | Case No. (if known): |
| d. <input type="checkbox"/> Other: County/state (specify): | Case No. (if known): |

2. ☐ CHILD CUSTODY

☐ I request temporary emergency orders

☐ VISITATION (PARENTING TIME)

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

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> Legal Custody to (person who decides: health, education, etc):	<input type="checkbox"/> Physical Custody to (person with whom child lives):
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b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:

☐ Attachment 2a.

(1) ☐ Specified in the attached forms:

<input type="checkbox"/> Form FL-305	<input type="checkbox"/> Form FL-311	<input type="checkbox"/> Form FL-312	<input type="checkbox"/> Form FL-341(C)
<input type="checkbox"/> Form FL-341(D)	<input type="checkbox"/> Form FL-341(E)	<input type="checkbox"/> Other (specify):	

(2) ☐ As follows (specify):

☐ Attachment 2b.

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

☐ Attachment 2c.

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

(1) ☐ The order for legal or physical custody was filed on (date): . The court ordered (specify):

(2) ☐ The visitation (parenting time) order was filed on (date): . The court ordered (specify):

☐ Attachment 2d.

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 based on the child support guideline. ☐ Monthly amount (\$) requested (if not by guideline)

☐ Attachment 3a.

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

The court ordered child support as follows (specify):

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

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

☐ Attachment 3d.

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT

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

a. ☐ Amount requested (monthly): \$

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

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

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

e. The court should 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 *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)
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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.)

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

- Page 1 of 2
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- Family Code, § 6200 et seq.
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. ☐ **Supervised visitation (parenting time).**
- If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.
 - ☐ The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
 - I request that (name): _____ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
 - I request that the visitation (parenting time) be supervised by (name): _____ who is a ☐ professional ☐ nonprofessional supervisor. The supervisor's phone number is (specify): _____
 - I request that any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent; other parent/party: _____ percent.
4. ☐ **Transportation for visitation (parenting time) and place of exchange.**
- The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
 - ☐ Transportation to begin the visits will be provided by (name): _____
 - ☐ Transportation from the visits will be provided by (name): _____
 - ☐ The exchange point at the beginning of the visit will be (address): _____
 - ☐ The exchange point at the end of the visit will be (address): _____
 - ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
 - ☐ Other (specify): _____
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:
- ☐ the state of California.
 - ☐ the following counties (specify): _____
 - ☐ 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 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): _____

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:	
(This section applies only to family law cases.) PETITIONER: RESPONDENT: OTHER PARTY:	
(This section applies only to guardianship cases.) 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)	
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)	
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:

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

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

2. Age and education

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

3. Tax information

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

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

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

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

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 | \$ | |
| 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 BAQ, royalty payments, etc.) (<i>specify</i>): | \$ | |
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 (<i>specify</i>): | \$ | |
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 (<i>total monthly amount</i>) | \$ |
| d. Child support that I pay for children from other relationships | \$ |
| e. Spousal support that I pay by court order from a different marriage | \$ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ |
| g. Necessary job-related expenses not reimbursed by my employer (<i>attach explanation labeled "Question 10g"</i>) | \$ |
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 (<i>estimate fair market value minus the debts you owe</i>) | \$ |

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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) ☐ Rent or ☐ mortgage \$_____

If mortgage:

(a) average principal: \$_____

(b) average interest: \$_____

(2) Real property taxes \$_____

 (3) Homeowner's or renter's insurance
 (if not included above) \$_____

(4) Maintenance and repair \$_____

b. Health-care costs not paid by insurance \$_____

c. Child care \$_____

d. Groceries and household supplies \$_____

e. Eating out \$_____

f. Utilities (gas, electric, water, trash) \$_____

g. Telephone, cell phone, and e-mail \$_____

h. Laundry and cleaning \$_____

i. Clothes \$_____

j. Education \$_____

k. Entertainment, gifts, and vacation \$_____

 l. Auto expenses and transportation
 (insurance, gas, repairs, bus, etc.) \$_____

 m. Insurance (life, accident, etc.; do not
 include auto, home, or health insurance) \$_____

n. Savings and investments \$_____

o. Charitable contributions \$_____

 p. Monthly payments listed in item 14
 (itemize below in 14 and insert total here) \$_____

q. Other (specify): \$_____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$_____
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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 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 expenses for the children in this case

- | | Amount per month |
|---|------------------|
| a. Child care 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 (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 <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)* :

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

I, _____, declare as follows:

1. In my dissolution or paternity case,

☐ I am the Petitioner

or

☐ I am the Respondent

2. This proceeding is to modify the current Custody and Visitation Order or Judgment dated:

_____. ☐ A copy of this current Order or Judgment is Attachment "1".

3. The other party and I are the parents of the following child(ren):

Full name of the minor child(ren)	Date of birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. I am the ☐ mother ☐ father.

5. The child(ren) have lived primarily with that parent since _____.

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

1. ☐ Primary physical custody and sole legal custody to

☐ mother ☐ father

2. ☐ Joint legal custody to both mother and father with primary physical custody to

☐ mother ☐ father

3. ☐ Joint legal and physical custody to both mother and father.

4. ☐ Other: _____

7. I request that the court make one of the following orders for visitation of child(ren) for

☐ mother ☐ father to be:

☐ Reasonable visitation that we can agree to.

☐ No visitation. I have explained in paragraph 10 why I believe the other parent should have no visitation.

☐ Supervised or monitored visitation. I have explained in paragraph 11 why I believe the other parent should have supervised visitation.

☐ Specific visitation, as stated in forms:

☐ FL-311, ☐ FL-312, ☐ FL-341(C), ☐ FL-341(D), ☐ FL-341(E)

☐ Specific visitation, as follows: _____

8. Since the last order, the following things about the custody or visitation have changed a lot:

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1 9. The changes or modification of the orders that I am asking for would be in the best interest of
2 the minor child(ren) because: _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____
28 _____

1 10. 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 _____
5 _____
6 _____
7 _____

8 11. A monitor/supervisor is necessary for the following reasons: _____
9 _____
10 _____
11 _____
12 _____
13 _____

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

27 _____
28 ☐ Petitioner ☐ Respondent

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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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide):
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

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)

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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/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)

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.**

STOP

**DO NOT WRITE ON THE REST OF THE
FORMS.**

THEY ARE FOR THE OTHER PERSON!



ALTO

**NO ESCRIBA EN EL RESTO DE LAS
FORMAS. SON PARA LA OTRA
PERSONA**

This page is intentionally left blank.

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)

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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide):
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

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

- 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.
- My residence or business address is:
- I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- ☐ **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.

- The envelope was addressed and mailed as follows:

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

- ☐ 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.)

- 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)