SOLICITUD DE ORDEN PARA MODIFICAR

Guia

Centro de Ayuda de Acceso Legal

Santa Monica

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

Inglewood

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

Torrance

825 Maple Ave.,
Cuarto 160
Torrance, CA 90503

Long Beach

275 Magnolia Ave,
Cuarto 3101
Long Beach, CA 90802

June 2014

Este guia esta disenado para ayudarle a usted en llenar los formularios usted mismo. No tiene la intencion de proporcionar asesoramiento legal, ni la estrategia de como completar el caso. La informacion proporcionada en este paquete solo presenta opciones y ejemplos. Esto no es un substituto para el consejo legal professional de un abogado.

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FL-300

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
ESCRIBA SU NOMBRE SCRIBA SU DIRECCION TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ESCRIBA "SELF-REPRESENTED" ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: ESCRIBA LA DIRECCION DE LA CORTE CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: ESCRIBA EL NOMBRE DEL RESPONDIENTE OTHER PARENT/PARTY:	
REQUEST FOR ORDER ☐ Child Custody ☐ Child Support ☐ Attorney Fees and Costs ☒ **MODIFICATION** ☐ Visitation ☐ Spousal Support ☐ Temporary Emergency Court Order ☐ Other *(specify):*	CASE NUMBER:

1. TO *(name):* ESCRIBA EL NOMBRE DE LA OTRA PARTE
2. A hearing on this *Request for Order* will be held as follows: **If child custody** **roceeding, Family Code section 3170 requires mediation before or at the same time as the hear**

MARQUE LAS CASILLAS QUE USTED ESTA PIDIENDO

a. Date: Time: ☐ Dep Room:

b. Address of court ☒ same as noted above ☐ other *(specify):*

3. Attachments to be served with this *Request for Order:*
   a. A **blank** *Responsive Declaration* (form FL-320)
   b. ☐ Completed *Income and Expense Declaration* (form FL-150) and a **blank** *Income and Expense*
   c. ☐ Completed *Financial State* FL-155) and a **blank** *Fi*
   d. ☐ Points and authoriti
   e. ☒ Other *(specify):*

Write the form number of other forms you are attaching.

ESCRIBA LA FECHA

ESCRIBA SU NOMBRE

FIRME SU NOMBRE

Marque esta casilla si esta solicitando manuntencion de los hijos y adjuntar el formulario FL-150 completo.

D E OR PRINT NAME) (SIGNATURE)

☐ **COURT ORDER**

RED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL HE ORDERS REQUESTED SHOULD NOT BE GRA

Usted debe obtener una cita de mediacion antes de poder presenter estos formularios y obtener una audencia en la corte, si esta solicitando ordenes de custodia o regimen de visitas.

5. ☐ Time for ☐ service ☐ hearing is shortened. Service mus
6. Any responsive declaration must be served on or before *(date):*
7. The parties are ordered to attend mandatory custody services as follo
8. ☐ You are ordered to comply with the *Temporary Emergency Court Orders* (form FL-305) attached.
9. ☐ Other *(specify):*

Date:

JUDICIAL OFFICER

To the person who received this *Request for Order:* If you wish to respond to this *Request for Order,* you must file a *Responsive Declaration to Request for Order* (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the *Responsive Declaration to Request for Order* (form FL-320) or any other declaration including an *Income and Expense Declaration (form FL-150) or Financial Statement (Simplified)* (form FL-155).

Instrucciones para la Siguiente Pagina

SOLO MARQUE LAS CASILLAS DE ORDENES QUE ESTA SOLICITANDO

Si usted esta solicitando una modificacion de orden de custodia:

- **Marque casilla 1**
- **Escriba el nombre(s) del nino(s) y la edad(s) en 1a**
- **Marque casilla 1d y la casilla para el formulario FL-311**
    - **Revisar las casilla adicionales bajo 1d si usted quiere llenar y adjuntar los formularios**
- **Marque la casilla 1e y escribir la fecha en que la ultima orden fue presentada y lo que declare la orden relative a la custodia**

Si usted esta solicitando una modificacion de orden de VISITACION:

- **Marque casilla 2**
- **Escriba el nombre(s) del nino(s) y la edad(s) en 1a**
- **Marque casilla 2a(2) Hasta forma FL-311**
    - **Marque casilla 2a(3) bajo otro si lleno otras formas adicionales**
- **Marque casilla 2b y escriba la fecha en que la ultima orden fue archivada y que fue la orden de visitacion**

Si usted esta solicitando una orden demodificacion de MANUNTENCION DE HIJOS:

- **Marque casilla 3**
- **Escriba el nombre(s) del nino(s) y la edad(s) de los nino que esta pidiendo manutencion en 3a.**
- **Marque casilla 3b si esta pidiendo manutencion basada por la linea del estado**
- **Marque casilla 3c si usted esta pidiendo una cantidad especifica de manutencion de los hijos.**
- **Marque casilla 3d y escribir la fecha que la ultima orden fue presentada y lo que fue la orden de manuntencion.**

PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: ESCRIBA EL NOMBRE DEL RESPONDIENTE OTHER PARENT/PARTY:	CASE NUMBER:

REQUEST FOR ORDER AND SUPPORTING

☐ Petitioner ☐ Respondent ☐ Other Parent/Party requests the

ESCRIBA QUIEN ES USTED

1. ☐ CHILD CUSTODY ☐ **To be ordered pending the hearing**
   a. Child's name and age
   b. Legal custody to (name of person who makes decisions about health, education, etc.)
   c. Physical custody to (name of person with whom child will live)

ESCRIBA EL NOMBRE Y EDAD DE CADA NINO

Escriba el nombre(s) del padre(s) que esta solicitando tener custodia legal

Escriba el nombre(s) del padre(s) que esta solicitando tener custodia fisica

   d. ☐ As requested in form
   ☐ *Child Custody and Visitation Application Attachment* (form FL-311)
   ☐ *Request for Child Abduction Prevention Order*
   ☐ *Children's Holiday Schedule Attachment* (form
   ☐ *Additional Provisions—Physical Custody Attac*
   ☐ *Joint Legal Custody Attachment* (form FL-341(
   ☐ Other (Attachment 1d)

Custodia Legal es la abilidad de hacer decisiones sobre el nino (i.e. salud, escuela, etc.). Custodia Fisica es con quien va vivir el nino

   e. ☐ Modify existing order
   (1) filed on *(date):*
   (2) ordering *(specify):*

2. ☐ CHILD VISITATION *(PARENTING TIME)* ☐ **To be ordered pending the hearing**
   a. As requested in: (1) ☐ Attachment 2a (2) ☐ *Child Custody and Visitation Application Attachment* (form FL-311)
   (3) ☐ Other *(specify):*
   b. ☐ Modify existing order
   (1) filed on *(date):*
   (2) ordering *(specify):*

   c. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one.)*
   (1) ☐ Crimina
   Case N
   (2) ☐ Family
   Case N
   urt or courts *(specify county and state):*
   (3) ☐ Juvenile: County/state:
   Case No. *(if known):*
   (4) ☐ Other: County/state:
   Case No. *(if known):*

Solo marque esta casilla si esta solicitando Manuntencion de hijos.

3. ☐ CHILD SUPPORT *(An earnings assignment order may be issued.)*
   a. Child's name and age
   b. ☐ I request support based on the child support guidelines
   c. Monthly amount requested (if not by guideline)
   $

ESCRIBA EL NOMBRE Y EDAD DE CADA NINO

Marque la casilla B si desea que la manutencion sea decidida en base a los lineamientos establecidos por el estado. La cantidad se basa en el tiempo que el nino pasa con cada padre y el ingreso de cada padre.

Marque casilla C si usted esta pidiendo una cantidad especifica de manutencion.

NOTA: NO ESCRIBA UNA CANTIDAD SI MARCO "B"

   d. ☐ Modify existing order
   (1) filed on *(date):*
   (2) ordering *(specify):*

Notice: The court is required to order child support based on the income of both parents. It normally continues until the child is 18. You must supply the court with information about your finances by filing an *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155). Otherwise, the child support order will be based on information about your income that the court receives from other sources, including the other parent.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	ESCRIBA EL NOMBRE DEL PETICIONARIO ESCRIBA EL NOMBRE DEL RESPONDIENTE	CASE NUMBER:

4. ☐ SPOUSAL OR PARTNER SUPPORT *(An earnings assignment order may be issued.)*
   a. ☐ Amount requested *(monthly):* $
   b. ☐ Terminate existing order
      (1) filed on *(date):*
      (2) ordering *(specify):*
   c. ☐ Modify existing order
      (1) filed on *(date):*
      (2) ordering *(specify):*
   d. ☐ The *Spousal or Partner Support Declaration Attachment* (form FL-157) is attached *(for modification of spousal or partner support after judgment only)*
   e. An *Income and Expense Declaration* (form FL-150) must be attached

5. ☐ ATTORNEY FEES AND COSTS are requested on *Request for Attorney Fees and Costs Order Attachment* (form FL-319) or a declaratio must be attached. on that addresses

Si usted esta pidiendo a la corte dictar ordenes respect a manutencion de esposo/a, honorarios de abogados, o propiedad,pregunte al Centro de Ayuda para obtener mas informacion, porque es possible que nesecite formularios o declaraciones adicionales.

6. ☐ PROPER
   a. The ☐ hecating, conce , or separa
      ☐ Th s, and an accounting of such will be made to the court.
   b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.
   c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

7. ☐ PROPERTY CONTROL ☐ **To be ordered pending the hearing**
   a. ☐ The petitioner ☐ respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying *(specify)*:

   b. ☐ The petitioner ☐ respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt	Amount of payment	Pay to

8. ☐ OTHER RELIEF *(specify):*

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100), *Temporary Restraining Order (Domestic Violence)* (form DV-110), and *Notice of Court Hearing (Domestic Violence)* (form DV-109).

PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: ESCRIBA EL NOMBRE DEL RESPONDIENTE OTHER PARENT/PARTY:	CASE NUMBER:

9. ☐ **I request** that time for service of the *Request for Order* and accompanying papers be shortened so that these documents may be served no less than *(specify number):* days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.

10. ☒ FACTS IN SUPPORT of orders requested and change of circumstances for any modification are *(specify)*:
☒ Contained in the attached declaration. (*You may use* Attached Declaration *(form MC-031) for this purpose.*
The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.)

Usted tendra que escribir por que necesita las ordenes que usted esta pidiendo.Utilice las declaracion de plantilla incluido en este paquete.

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

Date: **ESCRIBA LA FECHA**

ESCRIBA SU NOMBRE ▶ **FIRME SU NOMBRE**

(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

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

PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: ESCRIBA EL NOMBRE DEL RESPONDIENTE	CASE NUMBER:

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO ☒ Petition, Response, Application for Order or Responsive Declaration ☐ Other *(specify):*
☐ To be ordered now and effective until the hearing

Marque esta casilla si usted esta solicitando una orden de custodia y llenar las secciones abajo de la casilla.

1. ☐ **Custody.** Cus requested as follows:

Child's Name	Legal Custody to *(person who makes decisions about health, education, etc.)*	Physical Custody to *(person with whom the child lives)*
ESCRIBA EL NOMBRE Y FECHA DE NACIMIENTO DE CADA NINO	ESCRIBA EL NOMBRE DEL PADRE O PADRES QUE USTED QUIERE QUE TENGAN CUSTODIA LEGAL	ESCRIBA EL NOMBRE DEL PADRE O PADRES QUE USTED QUIERE QUE TENGAN CUSTODIA FISICA

Marque esta casilla si usted esta solicitando una modificacion la orden de visitacion y llenar las secciones abajo de la casilla.

2. ☐ **Visitation.**
a. ☐ hysical custody **(not appropriate in cases involving dom**
b. ☐ *(specify date):*
c. ☐
d. ☐
e. ☐ ondent will be as follows:

(1)
eekend with a Saturday.)
☐ 5th weekend of th
_____ ☐ a.m. ☐ p
(time)
_____ ☐ a.m. ☐ p.m.
(time)
eekends, with the ☐ petitioner ☐ respondent
h starts *(date):*
ds in ☐ odd ☐ even months.

(2)
have the children with him or her during the period
_____ ☐ a.m. ☐ p.m.
(time)
_____ ☐ a.m. ☐ p.m.
(time)

(3)
have the children with him or her during the period
_____ ☐ a.m. ☐ p.m.
(time)
_____ ☐ a.m. ☐ p.m.
(time)

(4) *additional restrictions):*

☐ See Attachment 2e(4).

Visitacion

Usted tiene tres opciones para visitacion

1. Visitacion Reasonable: Esto segnifica que usted sera capaz de elaborar un horario de visitas con la otra parte. Este tipo de orden no se puede hacer cumplir por la policia porque no es especifico. Usted debe estar seguro de que usted puede estar de acuerdo con la otra parte cuando se elige esta opcion.

2. No Visitacion: Esto significa que la otra parte nunca vera al nino**.** Usted necesita demonstrar que el otro padre esta fisica o mentalmente peligroso para el nino(s), un riesgo de fuga de algo similar. Si elige esta opcion, debe explicar por que en una declaracion.

3. Visitacion Especifica: Esto significa que usted pondra dias y horas especificas que el otro padre podria visitar con los nino(s). Usted puede solicitar que el otro padre tenga visitas durante la noche, algunos dias, o fines de semana.

La custodia fisica conjunta significa que la custodia fisica se divide 50/50. Custodia fisica primaria significa que el nino(s) vive principalmente con uno de los padres.

Form Approved for Optional Use
Judicial Council of California
FL-311 [Rev. July 1, 2005]
Martin Dean's Essential Forms™

Family Code, § 6200 et seq.
www.courtinfo.ca.gov

PETITIONER: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT: ESCRIBA EL NOMBRE DEL RESPONDIENTE	CASE NUMBER:

3. ☐ **Supervised visitation.** ESCRIBA EL NOMBRE DE LA OTRA PARTE (SI USTED ESTA PIDIENDO ESTO)
I request that *(name)* : vised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by *(name)* :
who ☐ professional ☐ nonprofessional supervisor. The supervisor's phone number is *(specify)* :

I request that percent; respondent: percent.

If item 3 is che supervised visitation would be bad for your children. The ju parent is alleging domestic violence and is protected by a

Indique si desea que el otro padre tenga visita supervisadas. Usted necesita demostrar que el otro no puede cuidar al nino(s) y necesita las visitaciones supervisadas o monitoreadas. Si elige la opcion, debe explicar por que en una declaracion.

4. ☐ **Transportation**
   a. ☐ Transportation **to** the visits will be provided by *(name)* :
   b. ☐ Transportation **from** the visits will be provided by *(name)* :
   c. ☐ Drop-off of the children will be at *(address)* :
   d. ☐ Pick-up of the children will be at *(address)* :
   e. ☐ The childr nsured driver. The car or truck must have legal child restraint devices.
   f. ☐ During the en will wait in the car and the other parent will wait in his or her home w e home.
   g. ☐ Other

Numeros 4-10 proporcionan ciertas restricciones adicionales en la custodia y visitas. Si no los selecciona, usted y la otra parte tendran que trabajar estos detalles por su cuenta.

5. ☐ **Travel with childre** ondent ☐ other *(name)* :
must have written rt order to take the children out of
   a. ☐ the state
   b. ☐ the follow
   c. ☐ other plac

6. ☐ **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7. ☐ **Children's holiday schedule.** I request the holiday and visitation 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)* :

Martin Dean's ESSENTIAL FORMS™

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*FOR COURT USE ONLY*
ESCRIBA SU NOMBRE **ESCRIBA SU DIRECCION** TELEPHONE NO.: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*: **ESCRIBA "SELF-REPRESENTED"**	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF **LOS ANGELES** STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: **ESCRIBA LA DIRECCION DE LA CORTE** BRANCH NAME:	
PETITIONER/PLAINTIFF: **ESCRIBA EL NOMBRE DEL PETICIONARIO** RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: **ESCRIBA EL NOMBRE DEL RESPONDIENTE**	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

NOTA: ES IMPORTANTE LLENAR ESTA FORMA CORECTAMENTE. LA CANTIDAD DE MANTENIMIENTO DE HIJO SE BASARA AN LAS RESPUESTAS QUE SE PROPORCIONAN AQUI

1. **Employment** *(Give information on your curren*

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 en
g. I work about hours per week.
h. I get paid $ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

PONGA SU INFORMACION DE EMPLEO.Si actualmente esta desempleado, Ponga la informacion sobre su ultimo trabajo. Si usted nunca ha trabajado ponga "NEVER WORKED"

(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)*: **ESCRIBA SU EDAD**
   b. I have completed high school or the equivalent: ☐ Yes ☐
   c. Number of years of college completed *(specify)*: ☐ Degree(s) obtained *(specify)*:
   d. Number of yea ☐ Degree(s) obtained *(specify)*:
   e. I have: ☐
   ☐

Ponga su informacion de educacion

3. **Tax information**
   a. ☐ I last filed
   b. My tax filing status is ☐ single ☐ head of household ☐ married, fili
      ☐ married, filing jointly with *(specify na*
   c. I file state tax returns in ☐ Califor
   d. I claim the following number of exemption

CONTESTE LAS PREGUNTAS BASADO AL ULTIMO ANO QUE HISO IMPUESTOS. SI NUNCA HA HECHO IMPUESTOS PONGA "NEVER FILED"

ES IMPORTANTE QUE TRATE DE ESTIMAR EL INGRESO DE LA OTRA PARTE. RECUERDE: MANTENIMIENTO DE HIJOS SE BASA EN ESTAS RESPUESTAS. SI PONE CERO O DESCONOCIDO SERA DIFICIL PARA UN JUEZ HACER UNA ORDEN DE MANUNTENCION.

4. **Other party's income.** I estimate the gross m er party in this case at *(specify)*: $
   This estimate is based on *(explain)*:

Explica como sabes el ingreso de la otra parte.(vi sus talones de cheque, me dijieron, eso es el pago minimo.

(If you need more space to answer any ques -inch sheet of paper and write the question number before your answer.)

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: **ESCRIBA LA FECHA**

ESCRIBA SU NOMBRE ▶ **FIRME SU NOMBRE**

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: ESCRIBA EL NOMBRE DEL RESPONDIENTE OTHER PARENT/CLAIMANT:	CASE NUMBER:

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

Debe anotar cualquier tipo de dinero que recibe, ya sea de trabajo o de la ayuda del gobierno.El tribunal quiere saber cuanto diner ousted hizo el mes pasado y cuanto en promedio.Llenar todos los espacios, si es cero poner cero.

Promedio mensual puede ser determinado por la suma de la cantidad que ha hecho de esa fuente de ingreso en los ultimos 12 meses y dividiendo el resultado por 12.

5. **Income** *(For average monthly, add up all the i* *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,	$	
e. Spousal support ☐ from this marriage ☐	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social security retirement (not SSI)	$	
i. Disability: ☐ Social security (not SSI) ☐ State disability (SDI) ☐ Private insurance.	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military BAQ, royalty payments, etc.) *(specify)* :	$	

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

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

7. **Income from self-employment, after business expenses for all businesses** $
I am the ☐ owner/sole proprietor ☐ business partner ☐ other *(specify)* :
Number of years in this business *(specify)* :
Name of business *(specify)* :
Type of business *(specify)* :
Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

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

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

10. **Deductions**

	Last month
a. Required union dues	$
b. Required retirement payments (not social security, FICA, 40	$
c. Medical, hospital, dental, and other health insurance premiu	$
d. Child support that I pay for children from other relationships	$
e. Spousal support that I pay by court order from a different ma	$
f. Partner support that I pay by court order from a different dor	$
g. Necessary job-related expenses not reimbursed by my employer *(attach explanation labeled "Question 10g")*	$

Listar otras deducciones aparte de los impuestos, que es sacado de su cheque

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, mo	$
b. Stocks, bonds, and other assets I could easily sell	$
c. All other property, ☐ real and ☐ personal *(estim* *we)*	$

Liste el valor de sus cuentas bancarias, bienes, acciones y bonos, dinero en efectivo, etc

PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: ESCRINA EL NOMBRE DEL RESPONDIENTE	CASE NUMBER:

12. **The following people live with me:**

Name	oss	Pays some of the household expenses?
a.		☐ Yes ☐ No
b.		☐ Yes ☐ No
c.		☐ Yes ☐ No
d.		☐ Yes ☐ No
e.		☐ Yes ☐ No

Liste cualquier persona, incluyendo a sus hijos, padres, hermanos, amigos, etc que viven con usted y la cantidad que hacen. Si ellos no tiene ningun ingreso, escriba cero. Si no esta seguro de su salario, escriba desconocido

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

Indique si son gastos estimados, gastos actuales, o gastos proyectados

Indique sus gastos mensuales para cada categoria. Si usted no gasta dinero para una categoria de escriba cero.

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 clean... .....
.....
.....
...nd vacation ..... $
...ansportation (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 h...*
q. Other *(specify)* : .....

Total de sus gastos mensuales

r. **TOTAL EXPENSES** (a-q) *(do not add in the amounts in a(1)(a) and (b))* $

s. **Amount of expenses paid by others** $

Liste la cantidad de gastos pagados por otra persona

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

Paid to	Balance	
	$	
	$	
	$	
	$	
	$	
	$	

Lista las facturas mensuales que no estan incluidos anteriormente es decir, tarjetas de credito, prestamos estudiantiles, etc. Suma estos gastos y escriba el total en la seccion "P" por encima

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: **ESCRIBA LA FECHA**

ESCRIBA "SELF-REPRESENTED / / / / / /

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

PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: ESCRIBA EL NOMBRE DEL RESPONDIENTE OTHER PARENT/CLAIMANT:	CASE NUMBER:

(NOTE: Fill out ort.)

ESCRIBE EL NUMERO DE HIJOS QUE TIENES CON LA OTRA PARTE

16. **Number of children**
    a. I have *(specify number)* : children u e.
    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 percenta not been agreed on, please describe your parenting schedule here.)

Indique cuanto tiempo usted y el demandado pasan con el nino(s). Si usted no esta seguro, describra el programa de crianza actual en el espacio de abajo.

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 in ance
    c. Address of ins

Marcar si tiene un seguro de salud para sus hijos a traves de su trabajo. Medi-Cal no tiene cabida en esta seccion.

    d. The monthly cost f 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 *(specify below)* :	$

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

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	$	
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	$	
c. (1) Expenses for my minor children who are from other relationshi are living with me	$	

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

Indique si tiene hijos menores de edad que vive con usted que son de una relacion diferente. Si lo hace, liste sus nimbres, edades, los gastos que tiene para estos ninos y la cantidad de manuntencion de menores que recibe por ellos, si los hubiere

(3) Child support I receive for those children $

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

Es posible que desee indicar en este apartado si la otra parte le ha proporcionado manutencion o cualquier ayuda financiera de algun tipo

20. **Other information I want the court to know concerning support in my c**

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

Estas preguntas son faciles de entender. Complete esta pagina con la informacion apropiada.

2. This proceed Judgment dated:

_____ tachment "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: _____

_____

_____

_____

_____

_____

_____

_____

Marque el tipo de visitacion que desea. Si ya ha completado estas formas de visitacion y custodia especificos, marquee las formas que usted complete.

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

USTED TENDRA QUE ESCRIBIR UNA DECLARACION DE LO QUE HA CAMBIADO DESDE LA ULTIMA ORDEN DE LA CORTE, POR QUE NECESITA NUEVAS ORDENES, USTED TENDRA QUE ESCRIBIR LOS HECHOS CON RESPECTO A LO QUE HA CAMBIADO DESDE QUE LA ULTIMA ORDEN FUE INTRODUCIDO.

9. The changes or modification of the orders that I am asking for would be in the best interest of the minor child(ren) because: _____

Usted tendra que escribir una declaracio de por que quiere las ordenes que usted esta solicitando. Usted tendra que escribir por que las ordenes que esta solicitando estan en el major interes de su nino(s). Tambien debe escribir los hechos que apoyan eso, para que le puedan conseder las ordenes.

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

_____

_____

_____

_____

_____

Si usted esta solicitando no visitacion para el otro padre, deb indicar por que esta solicitando esto. Usted necesita demonstrar que el otro padre esta fisica o mentalmente peligroso para el nino(s), o que es un riesgo de fuga o algo similar.

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

_____

_____

_____

_____

_____

Si usted esta solicitando la visita supervisada por el otro padre, debe indicar por que esta solicitando esto. Usted necesita demonstrar que el padre no puede cuidar al nino(s) y las necesidades supervisadas o monitoreados visitas.

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

_____

_____

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

_____

_____

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

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at ESCRIBA EL NOMRE DE LA CIUDAD DE DONDE FIRMO ESTE DOCUMENTO, California on ESCRIBA LA FECHA _____, 20____.

FIRME SU NOMBRE

_____

☐ Petitioner ☐ Respondent

FL-335

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
ESCRIBA SU NOMBRE **ESCRIBA SU DORECCION** TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* **ESCRIBA "SELF-REPRESENTED"** ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: **ESCRIBA LA DIRECCION DE LA CORTE** CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: **ESCRIBA EL NOMBRE DEL PETICIONARIO** RESPONDENT/DEFENDANT: **ESCRIBA EL NOMBRE DEL RESPONDIENTE** OTHER PARENT/PARTY:	CASE NUMBER: *(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining or[illegible] (see form FL-330).

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

La persona que esta enviando su repuesta debe escribir su direccion completa. NOTA:Esta persona debe ser mayor de 18 anos y no ouede ser usted.

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

ESCRIBA FL-300, FL-311, DECLARACION ESCRITA, RESPUESTA DECLARACION BLANCO (FL-320 Y OTRAS FORMAS QUE USTED LLENO

by enclosing them in an envelope AND

a. ☐ **d**[illegible] Postal Service with the postage fully prepaid.

b. ☐ **p**[illegible] date and at the place shown in item 4 following our ordinary b[illegible] ss's practice for collecting and processing correspondence for m[illegible] d for collection and mailing, it is deposited in the ordinary course of b[illegible] led envelope with postage fully prepaid.

Si hay un Fallo final en su caso, puede server a la otra persona por correo, solo si se puede comprobar la direccion de la otra parte. Vea el formulario FL-334 que sigue y marquee esta casilla.

4. The envel[illegible]
   a. Name of perso[illegible]
   b. Address:

ESCRIBA EL NOMBRE Y DIRECCION DE LA PERSONA A QUIEN LOS DOCUMENTOS ESTAN SIENDO ENVIADOS

   c. Date[illegible]ed:
   d. P[illegible]e of mailing *(city and state):*

5. ☐ I served a request to modify a child custody[illegible] rder which included an address verification declaration. *(Declaratio[illegible] quest to Modify a Child Custody, Visitation, or Child Support Order*

La persona que esta enviando los documentos por correo debe escribir la fecha en que se enviaron por correo , la ciudad, y el estado de donde fueron enviados.

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

Date: **ESCRIBA LA FECHA**

LA PERSONA QUE ENVIO LOS DOCUMENTOS PONE SU NOMBRE AQUI

(TYPE OR PRINT NAME)

LA PERSONA QUE ENVIO LOS DOCUMENTOS FIRMA AQUI

(SIGNATURE OF PERSON COMPLETING THIS FORM)

FL-334

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	FOR COURT USE ONLY
ESCRIBA SU NOMBRE ESCRIBA SU DIRECCION TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ESCRIBA "SELF-REPRESENTED" ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: ESCRIBA LA DIRECCION DE LA CORTE CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: ESCRIBA EL NOMBRE DEL PETICIONARIO RESPONDENT/DEFENDANT: ESCRIBA EL NOMBRE DEL RESPONDIENTE OTHER PARENT/PARTY:	
DECLARATION REGARDING ADDRESS VERIFICATION— POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER	CASE NUMBER: ESCRIBA SU NUMERO DE CASO

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 to modify child support will be made on other party by serving the local child support agency at least 30 days pri… sections 17404(e)(3) and 17406(f).
3. ☒ **The request is to modify a judgment or perma… child support.** Note: If you cannot verify the other party's current … not be used. The other party must be personally served. *Proof of Personal Ser…* …ose.
   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)*: ESCRIBA LA DIRECCION DE LA OTRA PARTE
   b. I can confirm that the above address is the other party's **current residence or office address** because *(specify)*:
      (1) ☐ …ntacted the other party directly within the past 30 days and he or she gave me the above address.
      (2) ☐ I have b… visitation or other matter within the past 30 days.
      (3) ☐ It is the new a… *of Change of Address* (form MC-040) or other pleading and f…
      (4) ☐ It is the office a… …t 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).

Marque si usted es el Peticionario, Respondiente, Otro Padre, O Otra Persona

MARQUE LA CASILLA QUE INDICA COMO USTED SABE LA DIRECCION DE LA OTRA PARTE

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: ESCRIBA LA FECHA

ESCRIBA SU NOMBRE (TYPE OR PRINT NAME)

FIRME SU NOMBRE (SIGNATURE OF PERSON COMPLETING THIS FORM)

Form Approved for Optional Use
Judicial Council of California
FL-334 [New January 1, 2012]

Code of Civil Procedure, §§ 1013, 1013a;
Family Code, §§ 215, 17404, 17406
www.courts.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	PRINT THE NAME OF THE PETITIONER PRINT THE NAME OF THE RESPONDENT	CASE NUMBER: PRINT THE CASE NUMBER

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.**