SOLICITUD DE ORDEN DE EMERGENCIA

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

October 2017

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.

ESCRIBE EL NOMBRE DEL PETICIONARIO
ESCRIBE EL NOMBRE DEL RESPONDIENTE

FL-305

ATTORNEY OR PARTY WITHOUT ATTORNEY	FOR COURT USE ONLY
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR *(name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
TEMPORARY EMERGENCY (EX PARTE) ORDERS ☐ Child Custody ☐ Visitation (Parenting Time) ☐ Property Control ☐ Other *(specify)*:	CASE NUMBER:

1. **TO *(name(s))*:** ☐ P… ☐ Other *(specify)*:

MARQUE SI USTED ES EL PETICIONARIO O EL RESPONDIENTE. PETICIONARIO ES LA PERSONA QUE INICIO EL CASO ORIGINAL, INDEPENDENTEMENTE DE QUIEN ESTA PIDIENDO LAS ORDENES

A court hearing will be h… this order, as follows:

a. Date: …ot.: ☐ Room:

b. Address of court ☐ sa… ☐ above ☐ other *(specify)*:

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to …ren in the case, (b) help prevent immediate loss or damage to property subject to disposition in the

ESCRIBA LAS ORDENES DE VISITA DE EMERGENCIA QUE USTED ESTA BUSCANDO AQUI

COURT ORDERS. The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order:

3. ☐ **CHILD CUSTODY**

MARQUE AQUI SI QUIERE RESTRINGIR LA CAPACIDAD DE LA OTRA PARTE QUE SAQUE AL NINO DE ESTADO, CONDADO, Y/ O PAIS

a. Child's name Date of Birth ☐ ☐ ☐

MARQUE ESTE CUADRO Y COMPLETE LA FORMA FL-341(B) SI PIENSA QUE LA OTRA PARTE VA SECUESTRAR A SU HIJO

☐ Continued on Attachmen…

b. ☐ **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject …ting time) as follows *(specify)*:

MARQUE EL PAIS DE RESIDENCIA

☐ See Attachment 3(b)

THIS IS A COURT ORDER.

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

3. ☐ **CHILD CUSTODY (continued)**
   c. **Travel restrictions**
      (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
      (2) ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must not remove their minor children *(specify):*
      (a) ☐ from the state of California.
      (b) ☐ from the following counties *(specify):*
      (c) ☐ other *(specify):*

   d. ☐ **Child abduction prevention orders** are attached (see form FL-341(B)).

   e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
      (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
      (3) **Country of habitual residence:** The country of habitual residence of the child or children is *(specify):*
      ☐ The United States of America ☐ Other *(specify):*
      (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. ☐ **PROPERTY CONTROL**
   a. ☐ Petitioner ☐ Respondent ☐ Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties ☐ own or are buying ☐ lease or rent

   b. ☐ Petitioner ☐ Respondent ☐ Other Parent/Party is ordered to make the following payments on the liens and encumbrances 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:

5. ☐ All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.
6. ☐ **OTHER ORDERS** *(specify):* ☐ Additional orders are listed in Attachment 6.

Date:

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

FL-300

ESCRIBA SU NOMBRE
ESCRIBA SU DIRECCION

STATE BAR NO.:

FOR COURT USE ONLY

STREET ADDRESS:
CITY:
TELEPHONE NO.: ESCRIBA "SELF-REPRESENTED"
E-MAIL ADDRESS:
ATTORNEY FOR (name): LOS ANGELES

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS: ESCRIBA LA DIRECCION DE LA CORTE
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER: ESCRIBA EL NOMBRE DEL PETICIONARIO
RESPONDENT: ESCRIBA EL NOMBRE DEL RESPONDIENTE
OTHER PARENT/PARTY:

CASE NUMBER:

REQUEST FOR ORDER ☐ CHANGE ☐ TEMPORARY EMERGENCY ORDERS

☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support
☐ Child Support ☐ Domestic Violence Order ☐ Attorney's Fees and Costs
☐ Property Control ☐ Other *(specify)*:

ESCRIBA EL NOMBRE DE LA OTRA PARTE

MARQUE LAS CASILLAS QUE USTED ESTA PIDIENDO

NOTICE OF HEARING

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

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

   a. Date: Time: ☐ Dept.: ☐ Room:

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

3. **WARNING to the person served with the *Request for Order:*** The court may make the requested orders wit… not… a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days … has ordered a shorter period of time), and appear at the hearing. *(See form FL-320 INFO for information.)*

Escriba el numero de las formas que va a atachar.

ESCRIBA LA FECHA

ESCRIBA SU NOMBRE

FIRME SU NOMBRE

(Forms … and … provide information about completing this form.)

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

COURT ORDER
(FOR COURT USE ONLY)

4. ☐ … ☐ … ☐ until the hearing is shortened. Service m…

5. ☐ A *Responsive Declaration to Request for Order* (form FL-320) must be ser…

6. ☐ The parties must attend an appointment for child custody mediation or chil…
   (specify date, time, and location):

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.

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

Instrucciones para la Siguiente Pagina

SOLO MARQUE LAS CASILLAS DE ORDENES DE EMERGENCIA QUE ESTA SOLICITANDO

Si usted esta solicitando una 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 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 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.**

ESCRIBA EL NOMBRE DEL PETICIONARIO
ESCRIBA EL NOMBRE DEL RESPONDIENTE

FL-300

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

CASE NUMBER:

Marque quien es usted.

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 sheet of paper, list each attachment number followed by your request. At the top of the paper, write "300" as a title. (

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

1. RMATION

One or more domestic violence restraining/prot specify)

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

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

a. ☐ Criminal: County/state *(specify)*: Case No. *(if known)*
b. ☐ Family: County/state *(specify)*: Case No. *(if known)*
c. ☐ Juvenile: County/state *(specify)*: Case No. *(if known)*
d. ☐ Other: County/state *(specify)*: Case No. *(if known)*

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

2. ☐ CHILD CUSTODY ☐ I req
☐ VISITATION (PARENTING TIME)

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

Child's Name	Date of Birth	☐ Legal Custody to *(person who decides: health, education, etc)*:	☐ Physical Custody to *(person with whom child lives)*:
☒			

☐ Attachment 2a.

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) ☐ A ☐ Attachment 2b.

Solo marque esta casilla si esta solicitando Manuntencion de hijos.

c. The orders that I request are in the best interest of the children because *(specify)*: ☐ Attachment 2c.

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. ☐ This is a change from t ☐ vi
(1) ☐ The order for e): . 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:

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)

b. ☐
The co

c. I have
a curr

d. The co

filed

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.

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:

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).
☒ 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 O

- Do not use th rs! Read form DV-505-INFO, *How Do I Ask for a Temporary R* d to ask for domestic violence restraining orders.
- Read form DV *lence Restraining Order* for more information.

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

a. The *Restrainin ate):*
b. I request that t 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 ESCRIBA LA FECHA

Date: 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). (Civ. 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.** Custo… requested as follows:

Child's Name	…gal Custody to *(person who makes decisions about health, education, etc.)*	Physical Custody to *(person with whom the child lives)*

PRINT THE NAME OF EACH CHILD AND DATE OF BIRTH

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

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

2. ☐ **Visitation.**
   a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving dom… violence)**
   b. ☐ See the … page document dated *(specify date):*
   c. ☐ …
   d. ☐ …
   e. ☐ …ondent will be as follows:

(1) …eekend with a Saturday.)
☐ 5th weekend of th…
…t _____ ☐ 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
…t _____ ☐ a.m. ☐ p.m.
(time)
…t _____ ☐ a.m. ☐ p.m.
(time)

(3) … have the children with him or her during the period
…t _____ ☐ a.m. ☐ p.m.
(time)
…t _____ ☐ 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 ESTA PIDIENDO ESTO)
I request that *(name)* : have supervised 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 followi
   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)* :

FL-150

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: **ESCRIBA LA DIRECCION DE LA CORTE** CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: **ESCRIBA SU NOMBRE DEL PETICIONARIO** RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: **ESCRIBA EL NOMBRE DE L RESPONDIENTE**	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

NOTE: IT IS IMPORTANT TO ANSWER THIS FORM ACURATELY. THE AMOUNT OF CHILD SUPPORT WILL BE BASED ON THE ANSWERS YOU PROVIDED HERE.

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)*:
   d. Number of yea
   e. I have: ☐ ☐

Ponga su informacion de educacion

Degree(s) obtained *(specify)*:

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

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

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 n 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: ESCRIBA 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 ..... $
   ...nsportation (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... ...rance
    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 ...**

DECLARATION OF FACTS IN SUPPORT OF, APPLICATION FOR EX-PARTE CHILD CUSTODY AND/OR VISITATION

I, _____, declare as follows:

1. In my dissolution or paternity case,

   ☐ I am the Petitioner

   or

   ☐ I am the Res

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

2. The other party

   Full name o

		Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. I am the ☐ mother ☐ father.

4. Currently the child(ren) live with ☐ mother ☐ father. The child(ren) have lived primarily with that parent since _____.

//

//

//

//

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

1. ☐ Primary physical custody and sol

☐ mother ☐ father

2. ☐ Joint legal custody to both mothe y to

☐ mother ☐ father

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

4. ☐ Other: _____

INDIQUE QUE TIPO DE AREGLO DE CUSTODIA ESTA SOLICITANDO

6. 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)

☐ Spe tion, 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.

7. I believe that this is an emergency situation, and that I should be heard immediately by the court because:

ESCRIBA PORQUE USTED CREE QUE ESTA ES UNA SITUACION DE EMERGENCIA. USTED DEBE INDICAR POR QUE DEBE IR ALA CORTE DE INMEDIATO EN LUGAR DE ESPERAR 3-5 SEMANAS COMO TODOS LOS DEMAS.

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

9. 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.

10. 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

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: **PRINT YOUR NAME** FIRM NAME: STREET ADDRESS: **PRINT YOUR ADDRESS** CITY: STATE: ZIP CODE: TELEPHONE NO.: **PRINT YOUR TELEPHONE #** FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR *(name)*: **SELF REPRESENTED**	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: **PRINT THE COURT'S ADDRESS** CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: **PRINT THE PETITIONER'S NAME** RESPONDENT: **PRINT THE RESPONDENT'S NAME** OTHER PARENT/PARTY:	
DECLARATION REGARDING NOTICE AND SERVICE OF REQUEST FOR TEMPORARY EMERGENCY (EX PARTE) ORDERS	CASE NUMBER: **PRINT THE CASE NUMBER**

NOTICE: Do not use this form to ask for domestic violence restraining o
procedures for requesting temporary emergency orders and obtaining th
Courts may grant temporary emergency orders with or without an emergency hearing. Find local rules at *courts.ca.gov/3027.htm.*

ARE YOU THE PETITIONER OR THE RESPONDENT? MARK/CHECK THE BOX.

1. I am *(specify)* ☐ attorney for ☑ petitioner ☐ respondent ☐ other parent/party
   ☐ not a party in the case *(name and title/relationship to party):*

2. I ☐ did ☑ did not give notice that **DID YOU GIVE THE NOTICE TO THE OTHER SIDE?**
   ☐ there will be an emergency court hearing on a request for temporary emergency (ex parte) orders.
   ☐ papers will be submitted to the court asking a judicial officer to grant temporary emergency orders without a hearing on the date, time, and location indicated below:

   a. Date: Time: ☐ Dept.: ☐ Room:
   b. Address of court: ☒ same as noted above ☐ other *(specify):*

PRINT THE DATE, TIME, DEPARTMENT AND ROOM # OF THE HEARING. REMEMBER THE NOTICE REQUIREMENT, USUALLY THE CALL HAS TO BE MADE BEFORE 10 AM THE COURT DAY BEFORE.

3. **NOTICE** *(If you gave notice, complete item 3a. If you did not give notic*
   a. ☐ I gave notice as described in items (1) through (5):
      (1) I gave notice to *(select all that apply)*
      ☑ petitioner ☑ petitioner's attorn
      ☑ respondent ☑ respondent's attorney
      ☐ other parent/party ☐ other parent's/party's attorney
      ☐ child's attorney ☐ Other *(specify):*

WHO YOU GAVE THE NOTICE TO.

      (2) I gave notice
      ☐ personally on *(date):* at *(location):* California; at ☐ a.m. ☐ p.m.
      ☐ by telephone on *(date):* ☐ a.m. ☐ p.m.
      ☐ by voicemail on *(date):* ☐ a.m. ☐ p.m.
      ☐ by fax on *(date):* fax no.: at ☐ a.m. ☐ p.m.

HOW YOU GAVE THE NOTICE - PERSONALLY, BY TELEPHONE, VOICEMAIL OR FAX? ALSO, PUT THE DATE/TIME & THE PHONE NUMBER YOU USED (IF APPLICABLE).

      (3) I gave notice *(select one):*
      ☑ by 10 a.m. the court day before this emergency hearing.
      ☐ after 10 a.m. the court day before this emergency hearing bec
      (specify):

MARK HERE IF YOU GAVE NOTICE, BY 10 AM THE COURT DAY BEFORE.

If NOTICE was given after 10 am the COURT DAY before, explain why you COULD NOT give the proper amount of notice to the otherside.

Form Approved for Optional Use
Judicial Council of California
FL-303 [Rev. September 1, 2017]

Family Law, §§ 2045, 3062–3064, 4620, 7710
Cal. Rules of Court, rules 5.151–5.169
www.courts.ca.gov

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

3. a. (4) I notified the person in 3a(1) that the following temporary emergency orders are being requested *(specify):*

Write what Emergency Orders YOU TOLD the other side are being requested from the Court - child custody, visistation, support etc.

(5) The person in 3a(1) responded as follows: ☐ Attachment 3a(5)

Write down what the other side told you after you made the call/gave notice about the hearing to them. They said: "Okay... I will see you then... I am going to oppose them... ", etc.

(6) I ☐ do ☐ do not believe

Mark if you believe that the other side will come or not come to court for the hearing and oppose your request.

b. ☐ **Request for waiver of notice.** I did court waive notice to the other party to help prevent an immediate *(identify the exceptional circumstances)*

(1) ☐ danger or irreparable harm to myself (or my client) or to the children in the case.
(2) ☐ risk that the children in the case will be removed from the state of California.
(3) ☐ loss or damage to property subject to disposition in the case.
(4) ☐ Other exceptional circumstances *(specify):*

Mark here and check the box that best describes why you should not have to give notice and are asking the court to "waive" or not to have to give the notice at all.

Facts in support of the request to waive notice *(specify):*

Give a detailed explanation why you are asking the Judge to waive notice based upon the boxes you checked. Explain the Exceptional Circumstances that make it unsafe for you to tell the other side.

c. ☐ **Unable to provide notice.** I did not give notice about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where this hearing would take place but was unable to do so. The efforts I made to inform the other person were *(specify below):* ☐ Attachment 3c.

Mark here if you could not give the required notice even though you gave your "best efforts" to tell the other side. You should describe in detail what those efforts were here.

4. ☐ **SERVICE OF FORMS**

Check who you served the these papers

a. An unfiled copy of *Request for Order* (form FL-300) for temporary emergency orders, *Temporary Emergency (Ex Parte) Orders* (form FL-305), and related documents were served on

☐ petitioner ☐ petitioner's attorney ☐ other parent/party ☐ other parent/party's attorney
☐ respondent ☐ respondent's attorney ☐ child's attorney
☐ Other *(specify):*

b. Method of service:

CHECK THE METHOD OF SERVICE THE OTHER SIDE WAS SERVED THESE PAPERS AND FILL IN THE DATE & TIME IT WAS COMPLETED.

☐ Personal service on *(date):* at *(location):* , California, at ☐ p.m. ☐ a.m.

☐ Fax on *(date):* fax no.: at ☐ p.m. ☐ a.m.

☐ Overnight mail or other overnight carrier

c. ☐ **Documents were not served on the opposing party** due to the exceptional circumstances specified in ☐ 3b, above ☐ 3c, above ☐ Attachment 4c.

Mark and explain here why the other side is not going to get a copy of this paperwork. Mark 3(b) or 3(c) if it is the same for the above reasons in b or c. If for other reasons, explain here or use an attachment & label it "Attachment 4c."

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 HERE (SIGNATURE)