SOLICITUD PARA MODIFICACIÓN DE ORDENES

LEGAL AID FOUNDATION OF LOS ANGELES

GUÍA

Centro de Ayuda de Acceso Legal

Santa Monica	Inglewood	Torrance	Long Beach
1725 Main St., Room 210 Santa Monica, CA 90401	1 East Regent St., Room 107 Inglewood, CA 90301	825 Maple Ave., Room 160 Torrance, CA 90503	275 Magnolia Ave., Room 3101 Long Beach, CA 90802

12/14/2021

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.

Instrucciones para la Siguiente Pagina

SOLO MARQUE LAS CASILLAS DE ORDENES QUE ESTA SOLICITANDO

Si usted esta solicitando modificacion de ordenes de custodia:

- Marque casilla 2
- Escriba los nombres y edades de los ninos en 2a
- Marque casilla 2d y la casilla para el formulario FL-311
    - Revise las casilla adicionales debajo de 2d para decidir si usted quiere llenar y adjuntarformularios adicionales
- Marque la casilla 2e si hay ordenes de custodia y quiere modificar esas ordenes. Escriba la fecha de las ultimas ordenes de custodia y lo que declaran las ordenes.

Si usted esta solicitando una modificacion de ordenes de VISITACION:

- Marque casilla 2
- Escriba los nombres y edades de los ninos en 2a
- Marque casilla 2d y la casilla para el formulario FL-311
    - Revise las casilla adicionales debajo de 2d para decidir si usted quiere llenar y adjuntar formularios adicionales
- Marque la casilla 2e si hay ordenes de visitacion y quiere modificar las ordenes. Escriba la fecha de las ultimas ordenes de visitacion y lo que declaran las ordenes.

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

- Marque casilla 3
- Escriba los nombers y edades de los ninos en 3a.
- Marque casilla 3a si esta pidiendo manutencion basada en las pautas del estado, o si esta solicitando una cantidad especifica
- Marque casilla 3b si ya tiene orden de manutencion de ninos y quiere modificar esa orden. Esbriba la fecha de la ultima orden y lo que declara la orden
- En el espacio 3d explique porque esta solicitando las ordenes o porque quiere modificar las ordenes.

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: *FOR COURT USE ONLY*

NAME: **Escriba su nombre**
FIRM NAME:
STREET ADDRESS: **Escriba su direccion**
CITY: STATE: - ZIP CODE:
TELEPHONE NO.: FAX NO.:
E-MAIL ADDRESS: **Escriba "Self-Represented"**
ATTORNEY FOR *(name)*:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
STREET ADDRESS: **Escriba la direccion de la core**
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER: **Escriba el nombre del demandante**
RESPONDENT: **Escriba el nombre del demandado**
OTHER PARENT/PARTY

Marque las casillas de lo que esta solicitando

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):*

CASE NUMBER:

Escriba el numero del caso

CARING

1. TO *(name(s))*: **Escriba el nombre de la otra parte**
☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other *(specify):*

Marque la casilla indicando si el otro partido es el demandante o demandado.

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 *Req*** ...out you if you do not file a *Responsive Declaration to Request for* ...nine court days before the hearing (unless the court has ordered ... *FL-320-INFO for more information.)*
(Forms FL-300-INFO and DV

El secretario de la corte le dará una fecha de audiencia. Usted tendrá que entregar todos los formularios, incluyendo todo los adjuntos al otro partido en cuanto antes.

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

4. ☐ Time ☐ for service ...*ate):*
5. ☐ A *Responsive Declaratio* ...*):*
6. ☐ The parties must attend ... ...ing counseling as follows *(specify date, time, and l*

ESTO ES PARA LA CORTE
DEJE ESTA SECCION EN BLANCO

LA CORTE TAMBIÉN LE DARÁ UNA CITA DE MEDIACIÓN. USTED DEBERÁ ASISTIR A LA CITA. LA CORTE USUALMENTE PONDRA LA FECHA DE LA CITA EN ESTA SECCIÓN.

7. ☐ The orders in *Temporary* ...nd must be personally served with all documents filed with this *Request for Order*.
8. ☐ Other *(specify):*

Date:

JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
Escriba el nombre del demandante Escribe el nombre del demandado	**Escriba el numero del caso**

REQUEST FOR ORDER

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

1. ☐ RESTRAINING ORDER INFORMATION
   One or more domestic violence restraining/protective orders are now in effect between *(specify):*
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party *(Attach a copy of the orders if you have one.)*
   The orders are from the following court or courts *(specify county and state):*
   a. ☐ Criminal: County/state *(specify):* Case No. *(if known)*:
   b. ☐ Family: County/state *(specify):*
   c. ☐ Juvenile: County/state *(specify)*
   d. ☐ Other: County/state *(specify):*

Marque las casillas "a" y "b" si esta solicitando órdenes de custodia y/o visitacion. Si ya tiene ordenes y quiere modificarlas, continue en 2d

2. ☐ CHILD CUSTODY ☐ I request temporary emergency orders
   ☐ VISITATION (PARENTING TIME)
   a. I request that the court make orders about the following children *(specify):*

Child's Name	Date of Birth	☐ Legal Custody to *(person who decides: health, education, etc):*	☐ Physical Custody to *(person with whom child lives):*
NOMBRES DE SUS HIJOS Y FECHA DE NACIMIENTO		**NOMBRES DE LOS PADRES PIDIENDO LA CUSTODIA LEGAL. PARA UN PADRE ES= "SOLE" (EXCLUSIVA). PARA DOS PADRES "JOINT" (CONJUNTA).**	**NOMBRES DE LOS PADRES PIDIENDO LA CUSTODIA FÍSICA. PARA UN PADRE "SOLE" (EXCLUSIVA)/PRIMARY (PRIMARIA). PARA DOS PADRES "JOINT" (CONJUNTA).**

   ☐ 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) ☐ As follows *(specify):* ☐ Attachment 2b.

Marque las casillas, si utiliza algunos de estos formularios en su solicitud

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

Escriba "See Attached Declaration of Facts"

Esta area es solamente si tiene ordenes previas de custodia y/o visitacion, o fallo final y desea cambiarlas complete esta seccion.

   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):*

Fecha de la orden de custodia

Escriba lo que dicen las ordenes sobre la custodia legal y/o custodia fisica de los ninos

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

Fecha de la orden de visitacion

Escriba lo que dice la orden sobre las visitas.

☐ Attachment 2d.

Adjunte una copia de las ordenes mas reciented de custodia y/o visitacion. Identifiquelo como "Attachment 2d"

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

Escriba el nombre del demandante
Escriba el nombre del demandado

CASE NUMBER:

Escriba el numero del caso

3. ☐ CHILD SUPPORT

Marque aquí si esta pidiendo un cambio a la manutención de hijos. Debe completar el formulario FL-150. Adjunté copias de los ultimos dos meses de sus talones de cheque.

(Note: An earnings assignme

a. I request that the court or

Child's name and age

☐ I request support for each chil guideline.

Marque aquí si quiere que se determine manutención basado en las pautas del estado

☐ Monthly amount ($) requested (if not by guideline)

Escriba los nombres y edades de los ninos

Marque aquí si esta solicitando una cantidad mensual específico.

☐ Attachment 3a.

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

The co

Si quiere cambier la orden de manutencion de hijos marque esta casilla, y escriba la fecha de la orden de manutencion de hijos mas reciente. Tambien escriba lo que delcara la orden mas reciente.

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.

Explique porque esta solicitando modificar las ordenes de manutencion de hijos.
Si necesita mas espacio puede usar una hoja en blanco y adjuntarlo a su solicitud. Idetifiquelo como "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

c. ☐ This

I hav claration

that a

d. I have com

e. The court s e.

Si usted esta solicitando modificar ordenes de manutencion de esposo/a, honorarios de abogados, o propiedad, pregunte al Centro de Ayuda para obtener mas informacion. Es possible que necesite otros formularios o declaraciones adicionales, y consultar con un abogado.

5. ☐ PROPERTY C ency orders

a. The ☐ ssion, 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 De*
b. A *Request for Attorney's Fees and* 's 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.

ESTA AREA ES PARA TARIFAS DE ABOGADO Y COSTOS. POR FAVOR HABLÉ CON UN PERSONAL DEL CENTRO ANTES DE COMPLETAR ESTA SECCIÓN.

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*

ESTA ÁREA IS PARA MODIFICAR O CANCELAR UNA ORDEN DE RESTRICCIÓN VIGENTE.

a. The *Restraining Order After Hearin*
b. I request that the court ☐ chan orders, or other protective orders made in *Restrain he orders, complete 7c.)*
c. ☐ I request that the court make ☐ Attachment 7c.
d. I want the court to change or end the orders because (*specify)*: ☐ Attachment 7d.

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

SI ESTA PIDIENDO OTRAS ÓRDENES, MARQUE LA CASILLA Y INCLUYA LA LISTA. EJEMPLOS: UNA ORDEN PARA CAMBIAR A SU HIJOS DE ESCUELA, O PEDIR UNA ORDEN PARA PODER MUDARSE A OTRO ESTADO CON SUS HIJOS.

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.

MARQUE AQUÍ Y EXPLIQUE PORQUE DEBE OBTENER LO QUE ESTA SOLICITANDO

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.

DEBE EXPLICAR PORQUE NECESITA LAS ÓRDENES SOLICITADAS ARRIBA. ¡CUENTE SU HISTORIA!

SI USO NUESTROS FORMULARIOS, ESCRIBA LA HISTORIA ALLÍ Y ESCRIBA, "SEE ATTACHED DECLARATION-CUSTODY AND VISITATION" (VER ADJUNTO DECLARACIÓN-CUSTODIA Y VISITACIÓN)
SI ESCRIBIO SU HISTORIA AQUÍ Y NECESITA ESCRIBIR MÁS, USE UN ADJUNTO Y IDENTIFIQUELO COMO, "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: **FECHA DE HOY**

SU NOMBRE ▶ **SU FIRMA**

(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: **NOMBRE DEL DEMANDANTE** RESPONDENT: **NOMBRE DEL DEMANDADO** OTHER PARENT/PARTY:	CASE NUMBER: **NÚMERO DE CASO**

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

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

MARQUE AQUÍ SI ESTA PIDIENDO ÓRDENES DE CUSTODIA

1. ☐ **Custody.** Custody of the minor children of the parties is requested as follows:

Child's Name	Date of Birth	Legal Custody to *(person who decides about health, education, etc.)*	Physical Custody to *(person with whom the child lives)*
NOMBRES DE SUS HIJOS	**FECHA DE NACIMIENTO DE CADA HIJO**	**NOMBRES DE LOS PADRES PIDIENDO LA CUSTODIA LEGAL. PARA UN PADRE ES= "SOLE" (EXCLUSIVA). PARA DOS PADRES "JOINT" (CONJUNTA).**	**NOMBRES DE LOS PADRES PIDIENDO LA CUSTODIA FÍSICA. *** PARA UN PADRE "SOLE OR PRIMARY" =(EXCLUSIVA) O (PRIMARIA). PARA DOS PADRES= "JOINT" (CONJUNTA). *** Custodia Primaria: los niños comparten el mayor tiempo con un padre. Custodia Conjunta: los padres comparten el tiempo un 50/50.**

TRES TIPOS DE VISITACIONES
A. VISITACIONES RAZONABLES : Esto significa que usted y el otro padre llegarán a un acuerdo sobre el horario de visitas. Este tipo de orden no se puede hacer cumplir con la policía ya que no hay un horario específico.

B. NO VISICITACIÓN: Esto significa que el otro padre no puede ver los niños. Debe demonstrar que con el otro padre peligra la salud física o mental de sus hijos, hay riesgo de secuestro, o algo que demuestre porque negar visitaciones al otro padre. Recuerde que un padre tiene derecho a ver sus hijos.
Si escoge esta opción, debe explicar en otra hoja porque el otro padre no debería tener visitaciones.

C. VISITACIONES CON HORARIO ESPECÍFICO Esto significa un plan detallado con días y horas que el otro padre podría visitar los niños. Puede pedir que el otro padre pueda tener los niños de noche a la mañana, ciertos fines de semana, o cualquier otro horario específico.
¡SEA LO MÁS CLARO POSIBLE! TIENE QUE TENER SENTIDO PARA LA CORTE Y LOS CUERPOS POLICIALES PARA HACER CUMPLIR.

2. ☐ **Visitation (Parenting Time).**
Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular
a. ☐ Reasonable right of parenting time (vis **involving domestic violence)**.
b. ☐ See the attached _____-page do
c. ☐ The parties will go to child custody me *location):*
d. ☐ No visitation (parenting time).
e. ☐ Visitation (parenting time). *(Specify sta* *tart of" OR "after school.")*
☐ **Petitioner's** ☐ **Respondent's** ion) will be as follows:

(1) ☐ **Weekends starting** *(date):*
(Note: The first weekend of the m
☐ 1st ☐ 2nd ☐ 3rd th
from _____ at pecify: ☐ start of school ☐ after school
(day of week)
to _____ at pecify: ☐ start of school ☐ after school
(day of week)
(a) ☐ The parties will alter ☐ respondent
☐ other parent/p *te):*
(b) ☐ The ☐ petitioner ll have the fifth
weekend in ☐ odd

(2) ☐ **Alternate weekends starting** *(date):*
from _____ at _____ ☐ a.m. ☐ p.m./ If applicable, specify: ☐ start of school ☐ after school
(day of week) *(time)*
to _____ at _____ ☐ a.m. ☐ p.m./ If applicable, specify: ☐ start of school ☐ after school
(day of week) *(time)*

(3) ☐ **Weekdays starting** *(date):*
from _____ at _____ ☐ a.m. ☐ p.m./ If applicable, specify: ☐ start of school ☐ after school
(day of week) *(time)*
to _____ at _____ ☐ a.m. ☐ p.m./ If applicable, specify: ☐ start of school ☐ after school
(day of week) *(time)*

(4) ☐ Other visitation (parenting time) days and restrictions are: ☐ listed in Attachment 2e(4)
☐ as fo

Si tiene un plan de visita especifico, marque esta casilla, y adjunte el plan de visita

Form Approved for Optional Use
Judicial Council of California
FL-311 [Rev. July 1, 2016]

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

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

PETITIONER: **NOMBRE DEL DEMANDANTE** RESPONDENT: **NOMBRE DEL DEMANDADO** OTHER PARENT/PARTY:	CASE NUMBER: **NÚMERO DE CASO**

3. ☐ **Supervised visitation (parenting time).**
   a. **If item 3 is checked, you must attach a declaration that shows w**
   would be bad for your children. The judge is required to conside
   alleging domestic violence and is protected by a restraining ord
   b. ☐ The person who supervises the visitation (parenting time) must
   Supervised Visitation Provider (form FL-324) under Family Cod
   c. I request that *(name):*
   with the minor children according to the schedule set out on page 1.
   d. I request that the visitation (parenting time) be supervised by *(name):*
   who is a ☐ professional ☐ nonprofessional supervisor.
   The supervisor's phone number is *(specify):*
   e. I request that any costs of supervision be paid as follows: petitioner:
   other parent/party: percent.

Marque aquí si esta pidiendo que el otro padre tenga visitas supervisadas. Debe demostrar que el otro padre no puede cuidar a los niños y necesita visitas supervisadas. Debe incluir lo siguiente:
1. El padre que necesita las visitas supervisadas.
2. La person quien supervisará las visitas y identificar si es un profesional o no.
3. El porcentaje que cada padre deberá pagar para el costo de supervisión (si lo hay).
Si pide visitas supervisadas, EN UN ADJUNTO APARTE DEBE EXPLICAR LA RAZON(ES) LAS VISITAS SIN SER SUPERVISADAS SON MALAS PARA LOS NINÓS.

4. ☐ **Transportation for visitation (parenting time) and place of exchange.**
   a. The children will be driven only by a licensed and insured driver. The
   b. ☐ Transportation **to** begin the visits will be provided by *(name):*
   c. ☐ Transportation **from** the visits will be provided by *(name):*
   d. ☐ The exchange point at the beginning of the visit will be *(address):*
   e. ☐ The exchange point at the end of the visit will be *(address):*
   f. ☐ During the exchanges, the party driving the children will wait in the car and the other
   home (or exchange location) while the children go between the car and the home (or exchange location).
   g. ☐ Other *(specify):*

Transportación a la o de las visitas y la ubicación del intercambio. También puede indicar quien será responsable del transporte y otros detalles importantes relacionado al intercambio.

5. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other parent/party
must have written permission from the other parent or party, or a court order, to take the children out of the following places:
   a. ☐ the state of California.
   b. ☐ the following counties *(specify):*
   c. ☐ other places *(specify):*

Limitaciones para viajar con los niños. Si siente que un padre no debería sacar el menor fuera del condado, estado, o país, marque aquí y marque cuales limitaciones desea.

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):*

Hay limitaciones adicionales que puede solicitar para el otro padre. Si marca una de estas casillas, debe adjuntar las formas adicionales: FL-312, FL-341(C), FL-341(D), FL-341(E).
También puede solicitar en el número 10 otras órdenes que desea solicitar sobre custodia y visitas.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: **Su Nombre** FIRM NAME: STREET ADDRESS: **Su dirección** CITY: **Ciudad** STATE: ZIP CODE: TELEPHONE NO.: **Número de teléfono** FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*): **Self Represented**	STATE BAR NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: **Dirección de la corte** CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: **NOMBRE DEL DEMANDANTE** RESPONDENT: **NOMBRE DEL DEMANDADO** OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	C

Nota:
Si no ésta solicitando modificar manutención para los menores o de cónyugue, no es necesario completar esta forma (FL-150).

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

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

a. Employer: **ESCRIBA EL NOMBRE DEL EMPLEADOR**
b. Employer's address: **ESCRIBA LA DIRECCIÓN DEL EMPLEADOR**
c. Employer's phone number: **ESCRIBA EL NÚMERO DE TELÉFONO DEL EMPLEADOR**
d. Occupation: **ESCRIBA SU OCUPACIÓN**
e. Date job started: **ESCRIBA LA FECHA CUANDO EMPEZÓ EL TRABAJO**
f. If unemployed, date job ended: **SI ESTÁ DESEMPLEADO, FECHA EN QUE DEJÓ DE TRABAJAR**
g. I work about **# de horas** hours per week.
h. I get paid $ **pago bruto** 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.)

¿COMO LE PAGAN: POR MES, SEMANA, O POR HORA?

2. **Age and education**
   a. My age is *(specify):* **su edad**
   b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed *(specify):*
   c. Number of years of co
   d. Number of years of gra
   e. I have: ☐ professional/occupational license(s) *(specify):*
      ☐ vocational training *(specify):*

INDIQUE EDUCACIÓN O ENTRENAMIENTO QUE USTED COMPLETO

3. **Tax information**
   a. ☐ I last filed taxes for tax year *(specify year):*
   b. My tax filing status is ☐ si
      ☐ married, filing jointly with *(s*
   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):*

EL ÚLTIMO AÑO QUE HIZO SUS IMPUESTOS. SI NUNCA HA HECHO SUS IMPUESTOS, DEBE INDICAR QUE NUNCA LOS HA HECHO.

Escriba cuanto gana la otra persona

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):* **explique en que se basa su estimación (por ejemplo, vi los talones de sueldo, impuestos..etc.)**

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

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

Date: **fecha de hoy**

su nombre
(TYPE OR PRINT NAME)

su firma
(SIGNATURE OF DECLARANT)

PETITIONER: **NOMBRE DEL DEMANDANTE**	CASE NUMBER:
RESPONDENT: **NOMBRE DEL DEMANDADO**	**PRINT THE CASE NUMBER**
OTHER PARTY/PARENT/CLAIMANT:	

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.)*

Complete toda la información sobre su sueldo. DEBE DE ESCRIBIR UNA CANTIDAD. Si no recibe ingresos o no aplica a usted., escriba $0. Adjunte y/o lleve talones de sueldo de los últimos dos meses y prueba de cualquier otro ingreso.

	Last month	Average monthly
a. Sala	$	
b. Over	$	
c. Com	$	
d. Publ	$	
e. Spou taxable*	$	
f. Partr artnership	$	
g. Pens	$	
h. Soci	$	
i. Disa nsurance	$	
j. Uner	$	
k. Work	$	
l. Othe	$	

Escriba lo del més pasado y el promedio mensual

6. **Investm** *iece of property.)*

a. Divic	$	
b. Rent	$	
c. Trus	$	
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):*

Si trabaja por su propria cuenta, escriba la información de su negocio.

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

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

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

10. **Deductions**

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

Escriba sus deducciones en está sección

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, ☒ real and ☒ personal *(estimate fair market value minus the debts you owe)*	$

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

PETITIONER: **NOMBRE DEL DEMANDANTE** RESPONDENT: **NOMBRE DEL DEMANDADO** OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: **Número de caso**

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. b. c. d. e.	LOS NOMBRES DE LAS PERSONAS QUE VIVEN CON USTED	LAS EDADES	RELACIÓN A USTED (EJ. HIJO)	INGRESO MENSUAL DE CADA PERSONA	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

¿ESA PERSONA PAGA ALGUNOS DE LOS GASTOS?

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

ESCRIBA SUS GASTOS MENSUALES. Debe escribir una cantidad y si no tiene gasto(s), escriba $0.

a. Home:
   (1) ☐ Rent or ☐ mortgage..... $
   If mortgage:
   (a) average principal:
   (b) average interest:
   (2) Real property taxes...
   (3) Homeowner's or rente
   (if not included above
   (4) Maintenance and repa
b. Health-care costs not paid
c. Child care.....
d. Groceries and household
e. Eating out..... $
f. Utilities (gas, electric, water, trash)..... $
g. Telephone, cell phone, and e-mail..... $
h. Laundry and cleaning..... $
i. Clothes ..... $
..... $
gifts, and vacation..... $
and transportation
, repairs, bus, etc.)..... $
accident, etc.; do not include
health insurance)..... $
vestments..... $
ributions..... $
nts listed in item 14
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))* $
s. **Amount of expenses paid by others** $

SI ALGUIEN LO(A) ESTA AYUDANDO CON SUS GASTOS (POR EJEMPLO AMIGO(A), FAMILIARES, LA OTRA PERSONA), ESCRIBA UN PROMEDIO DE CUANTO LE DAN POR MES.

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

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

ESCRIBA PAGOS O DEUDAS NO MENCIONADOS ARRIBA. PAGOS O DEUDAS INCLUYEN, TARJETAS DE CREDITO, PRESTAMOS ESTUDIANTILES, EMBARGO DE SALARIO, ETC. SUME LOS PAGOS MENSUALES DE TODAS LAS DEUDAS Y ESCRIBA ESE CANTIDAD EN LA LETRA "p" ARRIBA.

15. **Attorney fees** *(This information is required if either party is requesting attorney fees):*
   a. To date, I have paid my attorne
   b. The source of this money was (
   c. I still owe the following fees and costs to my attorney *(specify total owed):* $
   d. My attorney's hourly rate is *(specify):*

DEJAR EN BLANCO. ESTA ÁREA ES PARA ABOGADOS.

I confirm this fee arrangement.

Date: ////////

Self Represented
(TYPE OR PRINT NAME)

▶ ////////////////////////////////
(SIGNATURE OF DECLARANT)

PETITIONER: **NOMBRE DEL DEMANDANTE** RESPONDENT: **NOMBRE DEL DEMANDADO** OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: **Número de caso**

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

16. **Number of children**

ESCRIBA EL NÚMERO DE MENORES CON EL OTRO PADRE

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.)

ESCRIBA EL PORCENTAJE DE TIEMPO QUE LOS MENORES COMPARTEN CON CADA PADRE
- 100% / 0% O 80% / 20% O 50% / 50% BASADO EN LAS HORAS POR MES

SI NO ESCRIBE UN PORCENTAJE, PUEDE DESCRIBIR EL HORARIO SEMANAL PARA QUE LA CORTE DECIDA EL PORCENTAJE.

17. **Children's health-care expenses**

a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.

b. Name of insurance company: **PRINT THE NAME OF THE INSURANCE COMPANY**

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

¿SU EMPLEO OFRECE SEGURO MÉDICO PARA LOS MENORES?

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

18. **Additional expense for the children in this case**

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

GASTOS ADICIONALES PARA LOS NIÑOS. NO OLVIDE INCLUIR ESTOS GASTOS EN LA PÁGINA ANTERIOR.

GASTOS EXTRAORDINARIOS O GASTOS PARA MENORES DE OTRAS RELACIONES

wing 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 *(specify):*

(3) Child support I receive for those children $

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

EXPLIQUE PORQUE LO MENCIONADO CREA UNA DIFICULTAD EXTREMA FINANCIERA (SOLO SI DESEA QUE LA CORTE CONSIDERE ESTO CUANDO DECIDA MANUTENCIÓN EN SU CASO).

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

ESCRIBA CUALQUIER OTRA INFORMACIÓN QUE USD. QUIERE QUE LA CORTE SEPA SOBRE MANUTENCIÓN EN SU CASO. POR EJEMPLO: ESTOY SIN EMPLEO, TENGO UN HIJO(A) MUY ENFERMO O CON UNA DISCAPACIDAD, EL OTRO PADRE NO ME APOYA ECONOMICAMENTE, YO TENGO UNA DISCAPACIDAD, ETC.

ENSE DECLA

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. Si necesita ayuda, llame a nuestro centro de auto-ayuda

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: Escriba el numero de caso *(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:
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.
4. The envel[illegible]
   a. Name of pers[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*
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)

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.

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.

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.

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 ▶ FIRME SU NOMBRE

(TYPE OR PRINT NAME) (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:	CASE NUMBER:
PRINT THE NAME OF THE PETITIONER PRINT THE NAME OF THE RESPONDENT	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.**