

Request for Order Modification



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

How-To Guide

Self-Help Legal Access Centers

Santa Monica

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

Inglewood

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

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

275 Magnolia Ave.,
Room 3101
Long Beach, CA 9080

Feb. 2023

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

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1 USE Request for Order (form FL-300):

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney's fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing* ([form DV-130](#)). See *How Do I Ask to Change or End a Domestic Violence Restraining Order* ([form DV-400-INFO](#)) for more information.

2 DO NOT USE Request for Order (form FL-300):

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, talk to an attorney, or get help at your court's Self-Help Center or Family Law Facilitator's Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
 - For a domestic violence restraining order, use forms [DV-100](#), [DV-109](#), and [DV-110](#).
 - For an order for contempt, use [form FL-410](#).
 - To cancel a child support order, use [form FL-360](#) or [form FL-640](#).
 - To cancel a voluntary declaration of parentage or paternity, use [form FL-280](#).

3 Forms checklist

- a. [Form FL-300](#), *Request for Order*, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - ☐ [FL-105](#), *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
 - ☐ [FL-311](#), *Child Custody and Visitation (Parenting Time) Application Attachment*
 - ☐ [FL-312](#), *Request for Child Abduction Prevention Orders*
 - ☐ [FL-341\(C\)](#), *Children's Holiday Schedule Attachment*
 - ☐ [FL-341\(D\)](#), *Additional Provisions—Physical Custody Attachment*
 - ☐ [FL-341\(E\)](#), *Joint Legal Custody Attachment*
- c. If you want child support, you need:
 - ☐ A current [FL-150](#), *Income and Expense Declaration*. You may use [form FL-155](#), *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. If you want spousal or partner support or orders about your finances, you need:
 - ☐ A current [FL-150](#), *Income and Expense Declaration*
 - ☐ [FL-157](#), *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- e. If you want attorney's fees and costs, you need:
 - ☐ A current [FL-150](#), *Income and Expense Declaration*
 - ☐ [FL-319](#), *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
 - ☐ [FL-158](#), *Supporting Declaration for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- f. To request temporary emergency (ex parte) orders, you need:
 - ☐ [FL-305](#), *Temporary Emergency Orders* to serve as the proposed temporary emergency orders.
 - ☐ Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use [form FL-303](#), *Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders*.
 - ☐ Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need:
 - ☐ [FL-321](#), *Witness List*
- h. If you want to request a separate trial (bifurcation) on an issue, you need:
 - ☐ [FL-315](#), *Request or Response to Request for Separate Trial*



4 Complete form FL-300 (Page 1)

Caption: In the top box, print or type your name, address, telephone number, and email address if you have one. In the second box, put the court address. In the third box, write the name of the Petitioner, Respondent, and Other Parent/Party (if there is one). (You must use the party names as they appear in the petition that was originally filed with the court).

In the fourth box, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY ORDERS” if you are asking the court to make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting. In the box on the right, write the case number.

Item 1: List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.

Item 2: Leave this blank. The court clerk will fill in the date, time, and place of the hearing.

Item 3: This is a notice to all other parties.

Items 4–5: Leave these blank. The court will complete them if it orders a hearing.

Item 6: In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party’s lawyer to make the appointment and then complete item 6 before filing form FL-300.

Ask your court’s Family Law Facilitator or Self-Help Center to find out what your court requires.

Items 7–8: Leave these blank. The court will complete them, if needed.

5 Complete form FL-300 (pages 2–4)
6 Complete additional forms and make copies

Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

FL-300	
PARTY WITHOUT ATTORNEY OR ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY CASE NUMBER:
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Attorney's Fees and Costs
NOTICE OF HEARING 1. TO (name(s)): <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other Parent/Party <input type="checkbox"/> Other (specify): 2. A COURT HEARING WILL BE HELD AS FOLLOWS: a. Date: Time: Dept.: Room: b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): 3. WARNING to the person served with the Request for Order: The court may make the requested orders without you if you do not file a Responsive Declaration to Request for Order (form FL-320) must be served on or before (date) before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.) (Forms FL-300-INFO and FL-400-INFO provide information about completing this form.)	
COURT ORDER (it is ordered that: 4. <input type="checkbox"/> Time <input type="checkbox"/> for service <input type="checkbox"/> until the hearing is shortened. Service must be on or before (date). 5. <input type="checkbox"/> A Responsive Declaration to Request for Order (form FL-320) must be served on or before (date). 6. <input type="checkbox"/> The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location). 7. <input type="checkbox"/> 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. <input type="checkbox"/> Other (specify):	
Date:	JUDICIAL OFFICER:
Form Adopted for Mandatory Use Author: Court of California FL-300 (Rev. July 1, 2015)	REQUEST FOR ORDER Page 1 of 4 Family Code, §§ 2040, 2107, 2224, 4020, 4020.5, 4030, 4100, 4101, 4102, 4103, 4104, 4105, 4106, 4107, 4108, 4109, 4110, 4111, 4112, 4113, 4114, 4115, 4116, 4117, 4118, 4119, 4120, 4121, 4122, 4123, 4124, 4125, 4126, 4127, 4128, 4129, 4130, 4131, 4132, 4133, 4134, 4135, 4136, 4137, 4138, 4139, 4140, 4141, 4142, 4143, 4144, 4145, 4146, 4147, 4148, 4149, 4150, 4151, 4152, 4153, 4154, 4155, 4156, 4157, 4158, 4159, 4160, 4161, 4162, 4163, 4164, 4165, 4166, 4167, 4168, 4169, 4170, 4171, 4172, 4173, 4174, 4175, 4176, 4177, 4178, 4179, 4180, 4181, 4182, 4183, 4184, 4185, 4186, 4187, 4188, 4189, 4190, 4191, 4192, 4193, 4194, 4195, 4196, 4197, 4198, 4199, 4200, 4201, 4202, 4203, 4204, 4205, 4206, 4207, 4208, 4209, 4210, 4211, 4212, 4213, 4214, 4215, 4216, 4217, 4218, 4219, 4220, 4221, 4222, 4223, 4224, 4225, 4226, 4227, 4228, 4229, 4230, 4231, 4232, 4233, 4234, 4235, 4236, 4237, 4238, 4239, 4240, 4241, 4242, 4243, 4244, 4245, 4246, 4247, 4248, 4249, 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9 Temporary Emergency (Ex Parte) Orders (not domestic violence restraining orders)

Courts can make temporary orders in your family law case to respond to emergencies that cannot wait to be heard on the court's regular hearing calendar.

The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property.

To request these orders:

- Complete form FL-300. Describe the emergency and explain why you need the temporary emergency orders before the hearing.
- Complete form FL-305 to serve as your proposed temporary orders.
- Include a declaration describing how and when you notified the other parties (or why you could not give notice) about your request and the hearing (see form FL-303).
- Complete other forms if required by your local court rules.
- Follow your court's local procedures for reserving the day for the hearing, submitting your paperwork, and paying filing fees.

12 Who can be a "server"

You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The "server" can be a friend, a relative who is not involved in your case, a sheriff, or a professional process server.

13 "Personal Service"

Personal service means that your "server" walks up to each person to be served, makes sure the right person is being served, and hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.



Note: Sometimes the papers may be personally served on the other party's lawyer (if he or she has one) in the family law case.

10 General information about "service"

"Service" is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you are asking for and have information about the hearing.

If the other parties are NOT properly served, the judge cannot make the orders you requested on the date of the hearing.

11 Serve the Request for Order and blank forms

The other party must be "served" with a:

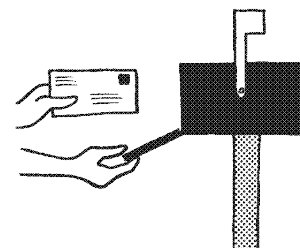
- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank [form FL-320](#), *Responsive Declaration to Request for Order*.
- Blank form [FL-150](#), *Income and Expense Declaration* (if you served form FL-150 or FL-155).

14 "Service by mail"

means that your "server" places copies of all the papers (including blank forms) in a sealed envelope and mails them to the address of each

party being served (or to the party's lawyer, if the party has one).

The server must be 18 years of age or older and live or work in the county where the mailing took place.



Important! If you have questions about personal service or service by mail, talk to a lawyer or check with your court's Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

15 When to use personal service or service by mail**Personal Service**

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you **must** use personal service.

You **must** use personal service when the court:

- ☒ Ordered personal service;
 - ☒ Granted temporary emergency orders;
 - ☒ Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:
 - Been served with a *Summons* and *Petition*; *
- OR
- Appeared in the case by filing a:
 - a. *Response* to a *Petition*;
 - b. *Appearance*, *Stipulations*, and *Waivers*;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.

*Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* ([form FL-330](#)) and give it to you. If the server needs instructions, the *Information Sheet for Proof of Personal Service* ([form FL-330-INFO](#)) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: The deadline for personal service is **16 court days** before the hearing date, unless the court orders a different deadline.

Service by Mail

If you are not required to use personal service, you may use service by mail.

Important! Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A *Request for Order* to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:

- ☒ The documents do not include temporary emergency orders;
- ☒ The court did not order personal service; and
- ☒ You have verified the other party's current home or office address. (You may use *Declaration Regarding Address Verification* ([form FL-334](#)).)

To change a judgment or final order on any other issue, including spousal or domestic partner support, the *Request for Order* may need to be personally served on the other party.

1. After serving, the server must fill out a *Proof of Service by Mail* ([form FL-335](#)) and give it to you. If the server needs instructions, the *Information Sheet for Proof of Service by Mail* ([form FL-335-INFO](#)) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: Unless the court orders a different time, service by mail must be completed at least **16 court days PLUS 5 calendar days** before the hearing date (if service is in California). Other time lines apply for service outside of California.

16 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

17 After the hearing, the order made on [form FL-340](#), *Findings and Order After Hearing*, must be filed and served.**18 Do you have questions or need help?**

- Find a lawyer through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Print Your Full Name FIRM NAME: STREET ADDRESS: Print Your Street Address CITY: Print Your City TELEPHONE NO.: Print Your Telephone # E-MAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"		STATE BAR NUMBER: STATE: Print Your State ZIP CODE: Print Your Zip Code FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Complete Address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Check the box(es) of the order(s) you are asking the court to hear/make. </div> <div style="border: 1px solid black; padding: 5px;"> Refer to the Summons (FL-210 or FL-110) for name of Petitioner and Respondent. Regardless of who files something, names of Petitioner and Respondent remain the same. </div>	
PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:			
REQUEST FOR ORDER <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/>		CASE NUMBER: PRINT CASE NUMBER	
<input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):			

NOTICE OF HEARING

1. TO (name(s)): **Print the Other Party's Full Name**
☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: b. Address:	<div style="border: 2px solid black; padding: 10px;"> LEAVE THIS SECTION BLANK. THE COURT WILL GIVE YOU HEARING DATE AND WRITE THE HEARING INFORMATION IN THE SPACES. </div>	Room.:
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3. **WARNING** If you do not file a Responsive Declaration to Request for Order (form FL-320) before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

(Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

4. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before (date):
5. ☐ A Responsive Declaration to Request for Order (form FL-320) must be served on or before (date):
6. ☐ The parties must attend and participate in pre-hearing counseling as follows

LEAVE BLANK
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

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.)

- FL-300 [Rev. July 1, 2016] **REQUEST FOR ORDER** Page 2 of 4

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT 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 | <input type="checkbox"/> I request support for each child | Monthly amount (\$) requested based on the child support guideline. (if not by guideline) |
|----------------------|---|---|

If you are requesting changes to a child support order, check this box and complete this section.

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

☐ [Attachment 3a.](#)

The court ordered child support as follows (specify):

If you are requesting to modify a child support order, explain what the prior court order specified and write the date the child support was filed on.

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

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

☐ [Attachment 3d.](#)

Explain why the order requested in 3 is in the best interest of the child(ren).

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

The court ordered \$

- c. ☐ This request is to modify (change)

- I have completed and attached Sp

that addresses the same factors covered in form FL-157.

- d. I have completed and filed

- e. The court should should

If you are requesting changes to spousal support, check this box and complete this section.

filed on (date):

judgment.

achment ([form FL-157](#)) or a declaration

Check box (b) if you want to change a current support order. Specify the date of the order and check whether you want to change or end the order and the amount the court ordered per month for support. Check box (c) if the change is after entry of judgment.

Explain why the court should award spousal support in your case.

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):

If you want to make changes to a property control order, check this box and complete this section.

- b. The ☐ pet and liens coming from the ☐ other parent/party be ordered to make the following payments on debts

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 filed on (date):

- d. Specify in [Attachment 5d](#) the reasons why I want to change the property control orders.

Check this box and write the date the order for property control was filed on.

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;">PRINT CASE NUMBER</div>
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6. ☐ ATTORNEY'S FEES AND COSTS

I request attorney's fees and costs, which total (*specify amount*): \$

. I filed the following to support my request:

- a. A current *Income and Expense Declaration* ([form FL-150](#)).
- b. A *Request for Attorney's Fees and Costs Attachment* ([form FL-319](#)) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.

7. ☐ DOMESTIC VIOLENCE ORDER

- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*.
- Read [form DV-400-INFO](#).

This area is for changing or terminating a domestic violence restraining order that are currently in effect.

- a. The *Restraining Order Affidavit*.
- b. I request that the court ☐ If you want to change a domestic violence restraining order complete this section about date of the order, what was ordered and why are requesting the change.
- 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
- c. I need the order because

Skip this section.

☐ [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.](#)

If you need more room to explain why you requested changes to order(s), check this box and explain further here. If you are requesting changes to child custody/visitation order you may use the Declaration included in this packet. If using the Declaration, print "See attached Declaration- Modification Custody and Visitation."

I declare under penalty of perjury that the information I have provided is true and correct.

Date: Print Date

Print Your Full Name

(TYPE OR PRINT NAME)

Sign Your 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: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center;"> PRINT CASE NUMBER </div>
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Complete this form if you are requesting a change to child custody and/or visitation orders.

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

1. a. ☒ **Custody.** Custody of the minor children of the parties is requested as follows: ☐ [Attachment 1a.](#)

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i>	<u>Physical Custody to</u> <i>(person the child regularly lives with)</i>
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Print Full Name and Date of Birth of Minor Child(ren) you have with the other party

For each child, list which parent(s) you want to have legal and physical custody. Please see above for an explanation of difference between physical and legal custody.

b. ☐ **Custody with allegations of a history of abuse or substance abuse**

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with.

(2) ☐ Petitioner ☐ Respondent ☐ Other parent/party has the habitual or continuous abuse of alcohol, or the habitual or continuous use of a controlled substance.

(3) ☐ I ask that the court grant custody to the party who is alleged to have a history of abuse or substance abuse.

(4) ☐ Even though there are allegations against them of a history of abuse or substance abuse, I request that custody be granted to the party who is not alleged to have a history of abuse or substance abuse.

(Write the reasons for your request in the space provided below.)

☐ Below: ☐ [Attachment 1b.](#) ☐ Other (specify):

Check this box and complete this section if either party is alleging the other party (parent) has a history of abuse or substance abuse.

If (b) is checked, read (1) - (4) carefully and check box(es) that apply.

2. ☒ **Visitation (Parenting Time).**

Note: Unless specifically ordered,

- a. ☐ Reasonable right of parent to have visitation **involving domestic violence**
- b. ☐ See the attached ☐ Declaration of Parenting Time, and
- c. ☐ The parties will go to mediation to discuss a parenting schedule. Include information about meeting in space provided.
- d. ☐ No visitation (parenting time is denied).

Check (a) if you want reasonable visitation. This means that you will be able to work out a visitation schedule with the other party. This type of order is difficult to enforce by the police because it is not specific. You should be sure that you can agree with the other party when you choose this option.

Check (b) if you have a proposed visitation schedule on another document. Include # of pages and date of document.

Check (c) if you and the other party are scheduled for mediation to discuss a parenting schedule. Include information about meeting in space provided.

Check (d) if you want no visitation. This means that the other party never sees the child(ren). You need to show the other parent is physically or mentally dangerous to the child(ren), a flight risk or something similar. If you choose this option, you must explain why in a declaration.

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
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- e. ☐ Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")
☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** parenting time (visitation) will be as follows:

(1) ☐ **Weekends starting (date):**

(Note: The first week

☐ 1st ☐

from

(day of week)

to

(day of week)

(a) ☐

(b) ☐

Check (e) if you want specific visitation. This means you set out a specific set of days and times that the other parent would visit with the child(ren). You may request for the other parent to have overnight visits, certain days, or weekends. Check which parent will get the proposed visitation schedule you are requesting.

☐ start of school
☐ after school
☐ start of school
☐ after school

ner ☐ respondent
 s (date):

(b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

(2) ☐ **Alternate weekends starting (date):**

from _____ at _____ ☐ a.m. ☐ p.m./ if applicable, specify: _____

(day of week)

(time)

to _____ at _____ ☐ a.m. ☐ p.m./ if applicable, specify: _____

(day of week)

(time)

☐ start of school
☐ after school
☐ start of school
☐ after school

(3) ☐ **Weekdays starting (date)**

from _____
 (day of week)

to _____
 (day of week)

Check and complete paragraph #3 about type of visitation *only* if you allege the parent has a history of abuse, substance abuse, or other parenting concerns.

☐ start of school
☐ after school
☐ start of school
☐ after school

(4) ☐ Other visitation (parenting time) days and restrictions are: ☐ [listed in Attachment 2e\(4\)](#)
☐ as follows:

3. ☐ **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. ☐ **Supervised visitation (parenting time)**

(1) I ask that ☐ petitioner ☐ respondent ☐ other parent/party have supervised visitation with the minor child(ren).

(a) ☐ Domestic violence, child abuse, or other parenting concerns, or the habitual

(b) ☐ Substance abuse, or the habitual

or controlled substance abuse, or the habitual

(c) ☐ Other parenting concerns (specify below):

Select (a) if you want one party to have supervised visitation with the child(ren) in this case and complete this section.

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

☐ Below ☐ [in Attachment 3a\(2\)](#) ☐ Other (specify):

If you checked (a), then explain why you want supervised visitation and why unsupervised visitation would be bad for the child(ren).

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">PRINT CASE NUMBER</div>
---	--

(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

(i) ☐ The person of requirements (form FL-324)

(ii) ☐ The person is Declaration of a declaration.

(iii) The provider's phone

If you checked (a), complete this section about who you want to serve as the visitation provider and in (3) (a) (3) (b) provide information about costs associated with supervised visitation.

must meet the (professional)

requirements listed in (FL-324(NP)) and sign

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
 other parent/party: _____ percent.

b. ☐ **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

(1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with.

(2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continuing abuse of alcohol, or the habitual or continuing abuse of drugs.

Select (b) if you want one party to have unsupervised visitation with the child(ren) in this case and complete this section.

(3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): ☐ Petitioner ☐ Respondent ☐ Other parent/party

(4) The reasons why the court should make the orders are (specify):
 (Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)

☐ Below: ☐ in Attachment 3b. ☐ Other (specify):

If you checked (b), then explain why you want unsupervised visitation and why unsupervised visitation would be good for the child(ren) even though there are allegations of a history of abuse.

(5) The orders for unsupervised visitation (parenting time) shall be for _____ time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. ☐ **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.

b. ☐ Transportation by car.
 c. ☐ Transportation by public transit.
 d. ☐ The specific address. You may also make additional requests in this section.
 e. ☐ The specific address.
 f. ☐ During the exchange, the children must wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

Check this box and complete this section if you want to specify which party will **pick up and drop off** children, and at what specific address. You may also make additional requests in this section.

g. ☐ Other (specify):

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
---	--

5. ☐ **Travel with children** The ☐ must have written permission from the
- a. ☐ the state of California.
- b. ☐ the following counties (*specify*):
- c. ☐ other places (*specify*):

Check this box and complete this section if you want to specify which part(ies) will have to complete additional requirements to travel with child(ren).

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 ☐ below ☐ [on form FL-341\(C\)](#)

8. ☐ **Additional custody**

Read 6-10 carefully. Check box(es) of any additional order(s) you want. If you intend to or have already filled out a listed form attachment, check the appropriate box and attach that/those additional document(s) behind this page.

[341\(D\)](#)

9. ☐ **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out ☐ below ☐ [on form FL-341\(E\)](#)

10. ☐ **Other.** I request the following additional orders (*specify*):

Complete this form if you are requesting child custody and/or visitation orders.

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

I, Print Your Full Name, declare as follows:

1. In my dissolution or paternity case,

☐ I am the Petitioner

Or

☐ I am the Respondent

Print the date of the
order you want to
modify/change.

Check whether
you are the
Petitioner or
Respondent

Check this box if
you are attaching
a copy of your
current order.

2. This proceeding is to modify the current Custody and Visitation Order

☐ A copy of this current Order or Judgment is Attached

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

Full

Print the Full Name, Date of Birth and Age of Each Minor
Child you have with the other party.

Check whether you are the
mother or father of child(ren)
listed in 3.

Print since when
(if any time) the
parent listed in 4
has lived with
child(ren) listed in
3.

4. I am the ☐ mother ☐ father.

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

//

//

//

//

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

Explain what has changed since the last order. If you need more room you can continue writing on either another sheet of pleading paper or use MC-025.

1 7. The changes or modification of the orders that I am asking for would be in the best interest of
2 the minor child(ren) because: _____
3

4
5
6 Explain why changes requested are in the best interest
7 of the child(ren).
8
9
10
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26

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

If you want the other parent to have NO visitation explain why it is in the best interest of the child(ren) in this space.

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

If you want monitored/supervised visits, explain why in this space.

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

Print who, if anyone, you want to serve as monitor.

Explain why the person listed in 9 (A) should serve as the monitor.

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

Print who, if anyone, you want to NOT serve as monitor during visits.

Explain why the person listed in 9 (B) should NOT serve as the monitor.

(C) I request that ☐ mother ☐ father pay _____ as the monitor.

Select which parent, if any, you want to pay for a professional monitor.

I declare under penalty of perjury under the laws of the State of California true and correct. Executed at _____, California on _____

Print the date you are signing this form.

Print the city where you are signing this form.

Sign Your Name _____

☐ Petitioner ☐ Respondent

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

Check whether you are the Petitioner or Respondent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): (YOUR NAME) (ADDRESS) (CITY, STATE) (ZIP CODE) TELEPHONE NO.: (PHONE #) FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SELF-REPRESENTED (PRINT)	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Complete this form if you are requesting a change to child custody and/or visitation orders. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT) STREET ADDRESS: (COURT ADDRESS) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: (CASE #)
(This section applies only to family law cases.) PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **(# OF CHILDREN)** minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name (CHILD'S FULL NAME)	Place of birth (CHILD'S BIRTH CITY, AND STATE)	Date of birth (CHILD'S DATE OF BIRTH)	Sex (F/M?)
Period of residence (MONTH/YEAR) to present Address (ADDRESS WHERE CHILD IS CURRENTLY LIVING) <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME) <input type="checkbox"/> Confidential	Relationship (MOM/DAD BOTH?)	
(MONTH/YEAR) to (MONTH/YEAR) Child's residence (City, State) (CITY, STATE WHERE CHILD WAS LIVING)	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME)	(MOM/DAD BOTH?)	
(MONTH/YEAR) to (MONTH/YEAR) Child's residence (City, State) (CITY, STATE WHERE CHILD WAS LIVING)	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME)	(MOM/DAD BOTH?)	
(MONTH/YEAR) to (MONTH/YEAR) Child's residence (City, State) (CITY, STATE WHERE CHILD WAS LIVING)	Person child lived with (name and complete current address) (NAME AND CURRENT ADDRESS WITH WHOM CHILD WAS LIVING WITH AT THE TIME)	(MOM/DAD BOTH?)	
b. Child's name (2nd CHILD'S FULL NAME) <input type="checkbox"/> Residence information is the same as given above for child a. <i>If NOT the same, provide the information below.</i>	Place of birth (2nd CHILD'S BIRTH CITY, AND STATE)	Date of birth (2nd CHILD'S DATE OF BIRTH)	Sex (F/M?)
Period of residence to present Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to Child's residence	Person child lived with (name and complete current address)		
to Child's residence	Person child lived with (name and complete current address)		
to Child's residence (City, State)	Person child lived with (name and complete current address)		

If the children lived together for the past five years, mark this box. Otherwise you need to complete this section like the section above.

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: —(PETITIONER'S LAST NAME)V (RESPONDENT'S LAST NAME)	CASE NUMBER: (CASE #)
---	---------------------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Child	Your connection to the case	Case status
a. <input type="checkbox"/> Family		Is there another custody, visitation, or support case related to any child(ren) in this action?			
b. <input type="checkbox"/> Guardianship		If there is a related case, including child support, this section should be filled out with as much information as you can provide about the related case			
c. <input type="checkbox"/> Other					

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal			Is there a restraining order related to this action?	
b. <input type="checkbox"/> Family			If there is a related restraining order this section should be filled out with as much information as you can provide about the related restraining order	
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
Answer Y or N, if someone else is claiming to have physical and/or legal custody of any child(ren) in this action. If you answered Yes, complete other information in this section.		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody <input type="checkbox"/> Claims visitation		
Name of each child		

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

Date: **(DATE)**

(PRINT YOUR NAME)

(SIGNATURE)

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: (PRINT YOUR NAME) FIRM NAME: STREET ADDRESS: (ADDRESS) CITY: (CITY) STATE: CA ZIP CODE: (ZIP CODE) TELEPHONE NO.: (PHONE #) FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SELF-REPRESENTED (PRINT)	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Complete this form if you are requesting a change to child support and/or spousal support. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT) STREET ADDRESS: (COURT ADDRESS) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: (CASE #)

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

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

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

Information from your last or current job.

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

2. Age and education

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

Fill out the remaining sections (2, 3, and 4) letter by letter. Be sure to enter in any information where it states "(specify)" or "(explain)".

3. Tax information

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

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

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

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

Date: **(DATE)**

(PRINT YOUR NAME)

(SIGNATURE)

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME)	CASE NUMBER: <div style="text-align: right; font-weight: bold;">(CASE #)</div>
--	---

5. **Income** (Attach a copy of your latest federal tax return.)
 If there is any income from the following items listed be sure to list what was received last month and what is the average monthly. If you did not receive income from any of these sections be sure to write in a zero. *NOTE: Average month calculation can be done by adding what was earned for the year and dividing it by 12

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$
b. Overtime (gross, before taxes)	\$
c. Commissions or bonuses	\$
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$
g. Pension/retirement fund payments	\$
h. Social Security retirement (not SSI)	\$
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$
j. Unemployment compensation	\$
k. Workers' compensation	\$
l. Other (military allowances, royalty payments) (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 federal tax return. Black out your Social Security number. If you have more than one business, attach a separate statement for each business.

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 in 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 children from other relationships	\$	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$	
f. Partner support that I pay by court order from a different domestic partnership	\$	
g. Necessary job-related expenses not reimbursed (specify explanation labeled "Question 10g")	\$	

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (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: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="text-align: center; font-weight: bold; margin-top: 10px;">(CASE #)</div>
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12. The following people live with me:

Name		Pays some of the household expenses?
a.	<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> The name, age, relationship to you, and monthly income for any person that lives in your household. *NOTE: If you are renting a room from a person you do not need to list that person, or other people that may live in the household, unless they are helping you with your expenses. </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.		<input type="checkbox"/> Yes <input type="checkbox"/> No
c.		<input type="checkbox"/> Yes <input type="checkbox"/> No
d.		<input type="checkbox"/> Yes <input type="checkbox"/> No
e.		<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses

☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

 (1) ☐ Rent or ☐ mortgage \$ _____ p. Laundry and cleaning \$ _____

If mortgage:

(a) average p

(b) average i

(2) Real property

(3) Homeowner's

(if not included

(4) Maintenance a

b. Health-care costs

c. Child care

d. Groceries and household supplies \$ _____

e. Eating out \$ _____

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

g. Telephone, cell phone, and e-r

p. Monthly payments listed in item 14

(itemize below in 14 and insert total here) \$ _____

q. Other (specify): \$ _____

Other monthly payments such as: car payments, credit card payments, personal loan payment, etc. The total monthly goes on 13p.

14. Installment payments and debts not listed above

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

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

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">(CASE #)</div>
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CHILD SUPPORT INFORMATION

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

16. Number of children

- a. I have (specify number): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

What % of time do you spend with your children, and what % of time does the other party spend with the children. *NOTE: If you are unsure about the % you can write out what visitation schedule you currently have in this space.

17. Children's health care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____

Do you pay for the children's health insurance? If you answered yes, then fill out the rest of this section. *NOTE: If your child is receiving Medi-Cal you only mark the space "I do not"

- d. The monthly cost for the children's _____
 (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): | \$ _____ |

Do any of these additional month expenses apply?

19. Special
(attach d

Has there been hardships such as: a stolen car, house fire, medical injury, etc. How much per month, and how many months, will you be paying for the hardship?

Special circumstances

- | | Amount per month | For how many months? |
|--|------------------|-----------------------|
| a. Extraordinary expenses | \$ _____ | _____ |
| b. Medical expenses | \$ _____ | _____ |
| c. Expenses per month for children from other relationships
(no are from other relationships and) | \$ _____ | UNTIL AGE OF MAJORITY |

(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): _____

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

Any additional information the court should know goes here. Some example are: "My parent's cover my expenses", "I have been struggling to pay my bills and I'm in debt", etc.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State) (YOUR NAME) (ADDRESS) (CITY, STATE) (ZIP CODE) TELEPHONE NO.: (PHONE #) E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SELF-REPRESENTED (PRINT)		*NOTE: Service through mail is only possible if you are able to fill out FL-344 (3a and 3b) on the next page . If you cannot fill out FL-334 service will have to be personal.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT) STREET ADDRESS: (COURT ADDRESS) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: (PETITIONER'S NAME) RESPONDENT/DEFENDANT: (RESPONDENT'S NAME) OTHER PARENT/PARTY:		CASE NUMBER: (CASE #) (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL		

Hearing
information

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

- I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
- My residence or business address is:

(ADDRESS OF SERVER)

- I served a copy of the following documents (specify):

___ **FL-300**, ___ **FL-311**, ___ **FL-105**, ___ **FL-150**, ___ **DECLARATION OF FACTS**, ___ **EXHIBITS**,
 ___ **ATTACHMENTS**

Check the document(s)
the other party was
mailed.

by enclosing them in an envelope AND

- ☐ **depositing** the sealed envelope with the United States Postal Service with postage fully prepaid.
- ☐ **placing** the envelope for collection and mailing on the premises of the business practices. I am readily familiar with this business practice and processing correspondence for mailing. On the same day that correspondence is placed in the mail, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

Check where the
documents were
placed in the mail.

- The envelope was addressed and mailed as follows:

- Name of person served: **(NAME OF THE PERSON BEING SERVED)**
- Address: **(ADDRESS OF PERSON BEING SERVED)**
- Date mailed: **(DATE WHEN MAILED)**
- Place of mailing (city and state): **(CITY, STATE WHERE BEING MAILED)**

- ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

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

Date: **(DATE)**

(NAME OF SERVER)

(TYPE OR PRINT NAME)

(SIGNATURE OF SERVER)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): (YOUR NAME) (ADDRESS) (CITY, STATE) (ZIP CODE) TELEPHONE NO.: (PHONE #) FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SELF-REPRESENTED (PRINT)		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT) STREET ADDRESS: (COURT ADDRESS) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: (PETITIONER'S NAME) RESPONDENT/DEFENDANT: (RESPONDENT'S NAME) OTHER PARENT/PARTY:		
DECLARATION REGARDING ADDRESS VERIFICATION— POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER		CASE NUMBER: (CASE #)

1. I am the ☐ attorney for ☐ petitioner ☐ respondent ☐ other parent ☐ other party in this matter.
2. ☐ The request is to modify a judgment or permanent order only for child support and a local child support agency is providing services in the case. Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).
3. ☒ The request is to modify a judgment or permanent orders for child custody, visitation, or child support.
Note: If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.
- a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current residence or office address is (specify):

(ADDRESS OF PERSON BEING SERVED)

- b. I can confirm that the above address is the other party's **current residence or office address** because (specify):
- (1) ☐ I contacted the other party directly within the past 30 days and he or she gave me the above address.
- (2) ☐ I have been at that address in contact with the other party within the past 30 days.
- (3) ☐ It is the new address that the other party has moved to within the past 30 days (17404) or other
- (4) ☐ It is the office address that he or she has used within the past 30 days (17404) or other which was also
- (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).

Select all that apply. *NOTE: If you are unable to select any of the options provided, then you are unable to do service by mail and must do personal service.

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: **(DATE)**

(PRINT YOUR NAME)

(TYPE OR PRINT NAME)

(SIGNATURE)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

PETITIONER/PLAINTIFF: (PETITIONER'S NAME) RESPONDENT/DEFENDANT: (RESPONDENT'S NAME) OTHER PARTY:	CASE NUMBER: (CASE #)
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NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

- **If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

1. The local child support agency must be served not less than 30 days before the hearing date.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:**

1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**

Use this form if the other party was served in person with your request for order for modification paperwork.

FL-330

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENT (Name, State Bar number, and address):

FOR COURT USE ONLY

Print Your Full Name
Print Your Complete Address

TELEPHONE NO.: Print Your Phone # FAX NO.:

ATTORNEY FOR (Name): Print "Self-Represented"

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles"

STREET ADDRESS: Print Court's Complete Address

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

Remember the person who serves the other party must be age 18 or older

PETITIONER/PLAINTIFF: Print Petitioner's Full Name
RESPONDENT/DEFENDANT: Print Respondent's Full Name
OTHER PARENT/PARTY:

CASE NUMBER:

PRINT CASE NUMBER

(If applicable, provide):

HEARING DATE:

HEARING TIME:

DEPT.:

PROOF OF PERSONAL SERVICE

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (name): Person Who Serves Other Party Writes Their Full Name
3. I served copies of the following documents (specify):

Print the list of document(s) served on the other party.

4. By personally delivering copies to the person served, as follows:
 - a. Date: Print Date Papers Served on Other Party
 - b. Time: Print Time (include am/pm) Other Party was Served with Paperwork
 - c. Address: Print Complete Address of Where the Other Party Was Served with Paperwork

5. I am
 - a. ☒ not a registered California process server.
 - b. ☐ a registered California process server.
 - c. ☐ an employee or independent contractor of a registered California process server.
 - d. ☐ exempt from registration under Business & Profession Code section 22350(b).
 - e. ☐ a California sheriff or marshal.

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

Print Full Name, Complete Address and Phone # of Person Who Served the Other Party

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

Date: Print Date

Print Full Name of Person Who Served Papers

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

Signature of Person Who Served Papers

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

Page 1 of 1