

# **Request for Order Response**



**LEGAL AID  
FOUNDATION  
OF LOS ANGELES**

## **Forms**

### **Self-Help Legal Access Centers**

#### **Santa Monica**

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

#### **Inglewood**

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

#### **Torrance**

825 Maple Ave.,  
Room 160  
Torrance, CA 90503

#### **Long Beach**

275 Magnolia Ave., Room  
3101  
Long Beach, CA 90802

January 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. ☐ **RESTRAINING ORDER INFORMATION**

a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.

b. ☐ I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

2. ☐ **CHILD CUSTODY**

☐ **VISITATION (PARENTING TIME)**

a. ☐ I consent to the order requested for child custody (legal and physical custody).

b. ☐ I consent to the order requested for visitation (parenting time).

c. ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time)  
☐ but I consent to the following order:

3. ☐ **CHILD SUPPORT**

a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) or, if eligible, a current *Financial Statement (Simplified)* ([form FL-155](#)) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I consent to guideline support.

d. ☐ I do not consent to the order requested ☐ but I consent to the following order:

4. ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**

a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I do not consent to the order requested ☐ but I consent to the following order:

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5. ☐ PROPERTY CONTROL

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

6. ☐ ATTORNEY'S FEES AND COSTS

- a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
- c. ☐ I consent to the order requested.
- d. ☐ I do not consent to the order requested ☐ but I consent to the following order:

7. ☐ DOMESTIC VIOLENCE ORDER

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

8. ☐ OTHER ORDERS REQUESTED

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

9. ☐ TIME FOR SERVICE / TIME UNTIL HEARING

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

10. ☐ FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. ☐ [Attachment 10.](#)

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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

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> (person who decides about the child's health, education, and welfare)	<u>Physical Custody to</u> (person the child regularly lives with)
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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 or are dating or engaged to.
- (2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) ☐ I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 1a.  
 (Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)  
☐ Below: ☐ [Attachment 1b.](#) ☐ Other (specify):

2. ☐ **Visitation (Parenting Time).**

**Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.**

- a. ☐ Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b. ☐ See the attached \_\_\_\_\_ -page document dated (specify date):
- c. ☐ The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d. ☐ No visitation (parenting time).

☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** parenting time (visitation) will be as follows:

(Note: The first weekend of the month is the first weekend with a Saturday.)

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
(day of week) (time)  after school

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

to                      at                       a.m.  p.m./ if applicable, specify:  start of school  
(day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
(day of week) (time)  after school

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

(1) I ask that ☐ petitioner ☐ respondent ☐ other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

(b) ☐ Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

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

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

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

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(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 or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.

(ii) ☐ The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.

(iii) The provider's phone number is (specify):

(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 or are dating or engaged to.

(2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(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):

(5) The orders for visitation (parenting time) that you request must be specific as to 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 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 party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. ☐ Other (specify):

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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*):
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 provisions.** I request the additional orders for custody set out ☐ below ☐ [on form FL-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*):



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

I, \_\_\_\_\_, declare as follows:

1. In my dissolution or paternity case,

☐ I am the Petitioner

Or

☐ I am the Respondent

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

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

3. I am the ☐ mother ☐ father.

4. The child(ren) have lived primarily with that parent since \_\_\_\_\_.

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5. I believe that the orders that I am asking for would be in the best interest of the minor  
child(ren) because: \_\_\_\_\_

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

7. A monitor/supervisor is necessary for the following reasons: \_\_\_\_\_

(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 \_\_\_\_\_, California on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
☐ Petitioner      ☐ Respondent

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr style="width: 100%;"/>  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PETITIONER: _____ (This section applies only to family law cases.) RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ (This section applies only to guardianship cases.) <div style="text-align: right;">Minor</div>	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

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

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

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

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

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

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

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

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

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	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:

\_\_\_\_\_  
(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 STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

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

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

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

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

**2. Age and education**

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

**3. Tax information**

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

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

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

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

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <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 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 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 by my employer (attach 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.



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

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ If mortgage: (a) average principal:     \$ _____ (b) average interest:     \$ _____ (2) Real property taxes..... \$ _____ (3) Homeowner's or renter's insurance (if not included above)..... \$ _____ (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ c. Child care..... \$ _____ d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ _____ g. Telephone, cell phone, and e-mail..... \$ _____	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ n. Savings and investments..... \$ _____ o. Charitable contributions..... \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)..... \$ _____ q. Other (specify): \$ _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b>     \$ _____         </div> s. Amount of expenses paid by others     \$ _____
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**14. Installment payments and debts not listed above**

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

**15. Attorney fees** (This information 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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

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

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

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$ \_\_\_\_\_  
 (Do not include the amount your employer pays.)

**18. Additional 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 ( <i>specify below</i> ):..... | \$ _____         |

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

- |  | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b.....  | \$ _____         | _____                |
| b. Major losses not covered by insurance ( <i>examples: fire, theft, other insured loss</i> )..... | \$ _____         | _____                |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____         | _____                |
| (2) Names and ages of those children ( <i>specify</i> ):   |                  |                      |

(3) Child support I receive for those children..... \$ \_\_\_\_\_

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):       TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
<b>PROOF OF SERVICE BY MAIL</b>	(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date mailed:
  - d. Place of mailing (*city and state*):
5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF PERSON COMPLETING THIS FORM)
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