

Request for Order Response



**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 90802

February 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 If you received a *Request for Order* (form FL-300),

- Carefully read the papers you received to make sure you understand what orders are being requested.
- Note the date, time, and location of the court hearing.
- Check to see if the court ordered a specific date for filing and serving your *Responsive Declaration to Request for Order* (form FL-320).
- If you need more time before the hearing to prepare a responsive declaration or talk with a lawyer, you may ask the court to continue the hearing date. For more information, consult with a lawyer or contact the the Family Law Facilitator or Self-Help Center in your court (see item **16**).

2 USE *Responsive Declaration to Request for Order* (form FL-320)

Use form FL-320 to let the court and the other party know that you agree or disagree with each of the requests made in the *Request for Order* (form FL-300).

- If you disagree, use form FL-320 to describe the orders you would like the court to make.
- If you do not file and serve form FL-320, the court can still make orders without your input.

3 DO NOT USE *Responsive Declaration to Request for Order* (form FL-320) to:

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* ([form FL-300](#)) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* ([form DV-100](#)). Instead, you must use *Response to Request for Domestic Restraining Order* ([form DV-120](#)).

4 Forms checklist

- a. [Form FL-320](#), *Responsive Declaration to Request for Order* is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
- b. For 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. For child support, you need:
 - ☐ A current [form 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.

Notice:

 - The court will order child support based on the income of the parents.
 - Child support normally continues until the child is 18 years and has graduated from high school.
 - You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
- d. For spousal or domestic partner support or orders about your finances, you need these forms:
 - ☐ [FL-150](#), *Income and Expense Declaration*
 - ☐ [FL-157](#), *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- e. For attorney's fees and costs, you need these forms:
 - ☐ [FL-150](#), *Income and Expense Declaration*
 - ☐ [FL-158](#), *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)
 - ☐ [FL-319](#), *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- f. If you plan on having witnesses testify at the hearing, you need this form:
 - ☐ [FL-321](#), *Witness List*



**To respond to a *Request for Order*, you must:
Complete caption of the form**

5 Complete the top portion including your name, address, and telephone number, the court address, the name of all the parties in the case, and the case number. Also, print or type the same hearing date, time, and department that appears on the *Request for Order* (form FL-300).

6 Specify a response to orders requested

Items 1–9: Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: you may file one form FL-150 to respond to items 3, 4, and 6.*

Item 10: Use the space to explain your responses to items 1–9. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

Sign and date: Print your name, sign, and write the date you signed form FL-320.

7 Next steps: file or serve your paperwork

You must file your paperwork with the court clerk at least 9 court days before the hearing. If the court orders a shorter time to file your papers, file them by the date specified in the order.

Make 2 copies of your original paperwork. Then, do one of the following before the filing deadline:

- Take your paperwork and copies to the court clerk to process (or e-file them, if available in your county). The clerk will keep the original and give you back copies with a court stamp on them. Have a stamped copy served; or
- Have an unstamped copy of your paperwork served *before* you take (or e-file) the originals and copies to the court clerk to file. Be sure the original documents are not served.

FL-320	
<p><small>PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO:</small></p> <p>NAME: _____</p> <p>FIRM NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>TELEPHONE NO: _____ FAX NO. (optional): _____</p> <p>EMAIL ADDRESS: _____</p> <p>ATTORNEY FOR (Name): _____</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	<p style="text-align: center; font-weight: normal;"><small>FOR COURT USE ONLY</small></p>
<p>PETITIONER: _____</p> <p>RESPONDENT: _____</p> <p>OTHER PARTY(IES): _____</p>	<p>CASE NUMBER: _____</p>
<p style="text-align: center;">RESPONSIVE DECLARATION TO REQUEST FOR ORDER</p>	
<p><small>HEARING DATE: _____ TIME: _____ DEPARTMENT OR ROOM: _____</small></p>	<p><small>Read Information Sheet: Responsive Declaration to Request for Order (form FL-320-INFO) for more information about this form.</small></p>
<p>1. <input type="checkbox"/> RESTRAINING ORDER INFORMATION</p> <p>a. <input type="checkbox"/> No domestic violence restraining/protective orders are now in effect between the parties in this case.</p> <p>b. <input type="checkbox"/> I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.</p>	
<p>2. <input type="checkbox"/> CHILD CUSTODY</p> <p><input type="checkbox"/> VISITATION (PARENTING TIME)</p> <p>a. <input type="checkbox"/> I consent to the order requested for child custody (legal and physical custody)</p> <p>b. <input type="checkbox"/> I consent to the order requested for visitation (parenting time).</p> <p>c. <input type="checkbox"/> I do not consent to the order requested for <input type="checkbox"/> child custody <input type="checkbox"/> visitation (parenting time)</p> <p style="padding-left: 40px;"><input type="checkbox"/> but I consent to the following order: _____</p>	
<p>3. <input type="checkbox"/> CHILD SUPPORT</p> <p>a. I have completed and filed a current <i>Income and Expense Declaration</i> (form FL-150) or, if eligible, a current <i>Financial Statement (Simplified)</i> (form FL-159) to support my responsive declaration.</p> <p>b. <input type="checkbox"/> I consent to the order requested.</p> <p>c. <input type="checkbox"/> I consent to guideline support.</p> <p>d. <input type="checkbox"/> I do not consent to the order requested <input type="checkbox"/> but I consent to the following order: _____</p>	
<p>4. <input type="checkbox"/> SPOUSAL OR DOMESTIC PARTNER SUPPORT</p> <p>a. I have completed and filed a current <i>Income and Expense Declaration</i> (form FL-150) to support my responsive declaration.</p> <p>b. <input type="checkbox"/> I consent to the order requested.</p> <p>c. <input type="checkbox"/> I do not consent to the order requested <input type="checkbox"/> but I consent to the following order: _____</p>	
<p style="font-size: small;">Form Adopted for Mandatory Use Judicial Council of California FL-320 (Rev. July 1, 2016)</p> <p style="text-align: center;">RESPONSIVE DECLARATION TO REQUEST FOR ORDER</p> <p style="text-align: right; font-size: x-small;">Page 1 of 2 Code of Civil Procedure, § 1005 Cal. Rules of Court, rule 5.552 www.courts.ca.gov</p>	

8 Pay filing fees

Generally, you do not have to pay a fee to file the *Responsive Declaration*. However, if you have never filed any papers in the case, you may have to pay a “first appearance fee,” which, in general, everyone has to pay when filing court papers in a case for the first time.

If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file [form FW-001, Request to Waive Court Fees](#) and [form FW-003, Order on Court Fee Waiver](#).

9 Serve your papers on the other party

“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 want the court to make. *Note:* If a party has a lawyer in the case, the papers should be served on that party’s lawyer.



10 How to “serve”

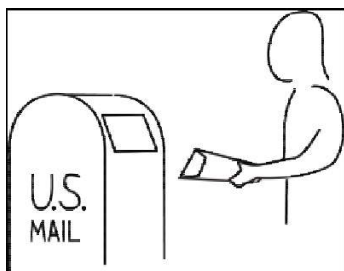
Server. You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

Personal service.

Your papers may be served by “personal service.” “Personal service” means that your “server” walks up to each person to be served, makes sure he or she is the right person, and then gives a copy of all the papers to him or her.


Service by mail.

“Service by mail” means that your “server” places copies of all the documents in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if he or she has one.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.


11 Deadline for service

Personal service or service by mail on the other party must be completed at least *9 court days* before the court hearing. If the court has ordered a shorter time to serve your responsive papers, be sure to have them served by the date specified in the court order.

12 Server must complete a *Proof of Service*

After personal service, the server should complete a [form FL-330](#), *Proof of Personal Service*. [Form FL-330-INFO](#), *Information Sheet for Proof of Personal Service* has instructions to help the person complete the form.

After service by mail, the server should complete [form FL-335](#), *Proof of Service by Mail*. [Form FL-335-INFO](#), *Information Sheet for Proof of Service by Mail* has instructions to help the person complete the form.

13 File the *Proof of Service* before your hearing date

The *Proof of Service* shows the judge that the person received a copy of your *Responsive Declaration to Request for Order*. Make three copies of the completed *Proof of Service*. Take the original and copies to the court clerk as soon as possible **before your hearing**.

The clerk will keep the original and give you back the copies stamped “Filed.” Bring a copy stamped “Filed” to your hearing. (If unstamped copies of your paperwork were served, you can file the completed *Proof of Service* when you file the original *Responsive Declaration*.)

14 Participate in child custody mediation or child custody recommending counseling

If the *Request for Order* includes a court order for you to attend mediation or child custody recommending counseling, the date, time, and location is found on page 1 of the *Request for Order*. For more information, read *Child Custody Information Sheet* (form [FL-313-INFO](#) or form [FL-314-INFO](#)).

15 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 the hearing at www.courts.ca.gov/1094.htm.

16 Still have questions or need help?

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/1083.htm/>.
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at 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 lawhelpcalifornia.org.

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PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: PRINT YOUR FULL NAME FIRM NAME: STREET ADDRESS: PRINT YOUR ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: PRINT YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<div style="border: 1px solid black; padding: 5px; margin: 10px;"> 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:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	
HEARING DATE: TIME: DEPARTMENT OR ROOM:	CASE NUMBER: PRINT CASE NUMBER

Read Information Sheet (form FL-300) before filling out this form.

1. ☐ **RESTRAINING ORDER**
 a. ☐ No domestic violence restraining/protective orders are now in effect.
 b. ☐ I agree that one or more domestic violence restraining/protective orders are now in effect in this case.

2. ☐ **CHILD CUSTODY**
☐ **VISITATION (PARENTING TIME)**
 a. ☐ I consent to the order requested.
 b. ☐ I consent to the order requested.
 c. ☐ I do not consent to the order requested and write the orders you would agree to.

3. ☐ **CHILD 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 consent to guideline child support.
 d. ☐ I do not consent to the order requested and write the orders you would agree to.

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 and write the orders you would agree to.

Check this box if there is a Domestic Violence Restraining Order Restraining order in place.

Check this box if Child Custody was checked off on paragraph # 2 of FL-300.

Check this box if Visitation was checked off on FL-300. If so, check (a) if you agree with the physical and custody orders requested. Check (b) if you agree with the visitation order. Check (c) if you do not agree with the orders requested and write the orders you would agree to.

Check this box if Child Support was checked off on paragraph # 3 of FL-300.

Check (b) if you agree to the child support order requested.
 Check (c) if you agree to what the judge orders for child support.
 Check (d) if you do not agree with the order requested and write the orders you would agree to.

Check this box if Spousal and Domestic Partner Support was checked off on paragraph # 4 of FL-300.

Check (b) if you consent to the Spousal and Domestic Partner Support order requested.
 Check (c) if you do not agree with the order requested and write the orders you would agree to.

PETITIONER: PRINT PETITIONER'S NAME RESPONDENT: PRINT RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
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5. ☐ **PROPERTY CONTROL**
 a. ☐ I consent to the order requested.
 b. ☐ Check (b) if you consent to the Property Control order requested.
 Check (c) if you do not agree with the order requested and write the orders you would agree to.

6. ☐ **ATTORNEY'S FEES AND COSTS**
 a. I have completed and filed a [Domestic Violence Financial Declaration \(form FL-158\)](#) to support my responsive declaration.
 b. I have completed and filed a [Domestic Violence Financial Declaration \(form FL-158\)](#) or a declaration of inability to pay.
 c. ☐ I consent to the order requested.
 d. ☐ I do not consent to the order requested.
 Check (c) if you consent to the Attorney's Fees and Costs order requested.
 Check (d) if you do not agree with the order requested and write the orders you would agree to.

7. ☐ **DOMESTIC VIOLENCE ORDER**
 a. ☐ I consent to the order requested.
 b. ☐ I do not consent to the order requested.
 Check (a) if you consent to the Domestic Violence order requested.
 Check (b) if you do not agree with the order requested and write the orders you would agree to.

8. ☐ **OTHER ORDERS REQUESTED**
 a. ☐ I consent to the order requested.
 b. ☐ I do not consent to the order requested.
 Check (a) if you consent to Other Orders requested.
 Check (b) if you do not agree with the order requested and write the orders you would agree to.

9. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING**
 a. ☐ I consent to the order requested.
 b. ☐ I do not consent to the order requested.
 Check (a) if you consent to order requested.
 Check (b) if you do not agree with the order requested and write the orders you would agree to.

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.**
 Check this box.

You will have to explain why the judge should make the orders that you have requested instead of what the other party requested. You can use the attached declaration and write "See Attached Declaration."

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: PRINT DATE PRINT YOUR FULL NAME <small>(TYPE OR PRINT NAME)</small>	PRINT YOUR SIGNATURE <small>(SIGNATURE OF DECLARANT)</small>
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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; font-weight: bold;">PRINT CASE NUMBER</div>
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Complete this form if you are requesting 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 use of alcohol, or the habitual or continuous use of drugs.

(3) ☐ I ask that the court grant custody to the party who is not 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 ask that the court grant custody to the party who is alleged to have a history of abuse or substance abuse.

☐ 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, visitation shall be granted in cases involving domestic violence.

- a. ☐ Reasonable visitation schedule.

b. ☐ See the attached document for proposed visitation schedule.

c. ☐ The parties will meet for mediation to discuss a parenting schedule.

d. ☐ No visitation.

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)

☐ start of school
☐ after school

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

(day of week)

(time)

☐ 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

(b) ☐ Substance abuse

or controlled substances

(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.

stances, or the habitual described controlled

(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>
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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 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 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. ☐ Transport

c. ☐ Transport

d. ☐ The

e. ☐ The

f. ☐ During

g. ☐ Other (specify):

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.

(or exchange location) while the children go between the car and the home (or exchange location).

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

Check whether you are the Petitioner or 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

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

3. I am the ☐ mother ☐ father.

Check whether you are the mother or father of child(ren) listed in 2.

Print since when (if any time) the parent listed in 3 has lived with child(ren) listed in 2.

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

//
//
//
//
//
//

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

Explain why the order(s) you requested in paragraph 2 of FL-320 is/are in the best interest of the child(ren).

6. 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 requested NO visitation in FL-311, explain why the choice is in the best interest of the child(ren) here.

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

If you requested monitored/supervised visitation in FL-311, explain why the choice is in the best interest of the child(ren) here. Also, complete rest of this section.

(A) I request that Print Full Name of Person you want to serve as visitation monitor. _____ shall serve as the visitation monitor for the following reasons: _____

Explain why the person named in (A) should supervise visits.

(B) I request that Print Full Name of Person you do not want to serve as visitation monitor. _____ shall NOT serve as the visitation monitor for the following reasons: _____

Explain why the person named in (B) should not supervise visits.

(C) I request that ☐ mother ☐ father pay the ☐ professional monitor of visits.

Check which parent(s) should pay for a professional monitor of visits.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at Print City where, California on Print Month/Day 20 Print Year signing this form

Check whether you are Petitioner or Respondent

Sign Your Name _____

☐ Petitioner ☐ Respondent

This page is left intentionally blank.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): PRINT YOUR FULL NAME AND ADDRESS TELEPHONE NO.: PRINT YOUR PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SELF-REPRESENTED SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Complete this form if there is/are minor child(ren) involved. </div>
PETITIONER: PRINT PETITIONER'S FULL NAME RESPONDENT: PRINT RESPONDENT'S FULL NAME OTHER PARTY:	CASE NUMBER: PRINT CASE NUMBER
GUARDIANSHIP OF (Name): 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 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. (If NOT the same, provide the information below.)	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 (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: PRINT PET.'S LAST NAME VS. RESP.'S LAST NAME	CASE NUMBER: PRINT CASE NUMBER
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4. Do you have information about, or have you participated as a party or as a witness in a custody or visitation proceeding, in California or elsewhere, concerning
- ☐ Yes ☐ No *(If yes, attach a copy of the orders (if you have one))*

Is there is a custody, visitation, or support **case(s) involving** the children?

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

If there are any cases involving the children these sections below should be filled out with as much information as you can provide about the case(s).

(For restraining orders refer to #5)

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				

Is there a **restraining order** between you and the other party in this action?

If there is in effect, this section should be filled out with as much information as you can provide about the restraining order

Is there any other person claiming to have custody of your child(ren).

6. Do you know of any person who is not a party to this proceeding who has 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 <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Claims custody <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Claims custody <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

If you marked Yes for #6, this section should be filled out with the information of the person claiming to have custody and visitation

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

Date: **PRINT DATE**

PRINT YOUR FULL NAME

PRINT YOUR 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 YOU FULL NAME FIRM NAME: STREET ADDRESS: PRINT YOUR ADDRESS CITY: PRINT PHONE # STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SELF-REPRESENTED	FOR COURT USE ONLY
Complete this form if the other party requested child and/or spousal support.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PRINT PETITIONER'S FULL NAME RESPONDENT: PRINT RESPONDENT'S FULL NAME OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: PRINT 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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

Print 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
 c. Number of years of college
 d. Number of years of graduate school
 e. I have: ☐ professional/occupational license(s) (specify):
 ☐ vocational training (specify):

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: **PRINT DATE**
PRINT YOUR FULL NAME

(TYPE OR PRINT NAME)



PRINT YOUR SIGNATURE

(SIGNATURE OF DECLARANT)

PETITIONER: PRINT PETITIONER'S FULL NAME RESPONDENT: PRINT RESPONDENT'S FULL NAME	CASE NUMBER: PRINT CASE NUMBER
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OTHER

If there is any income from the following items listed in paragraph #5 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

Attach
return to

Copy of your latest federal tax return

5. Income and

months 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 (specify source and amount):

Read to see if these apply and specify or explain

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

10. Deductions

- | | | | |
|--|----|--|------------|
| a. Required union dues..... | \$ | | Last month |
| b. Required retirement payments (not IRA)..... | \$ | | |
| c. Medical, hospital, dental, and other (specify)..... | \$ | | |
| 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)..... | \$ | | |

List any monthly deductions from your paycheck

List any assets you may have

11. Assets

- | | | | |
|--|----|--|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts..... | \$ | | Total |
| 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: PRINT PETITIONER'S FULL NAME RESPONDENT: PRINT RESPONDENT'S FULL NAME OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: PRINT CASE NUMBER
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12. The following people live with me:

Name	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.	Do they have expenses?
a.		<input type="checkbox"/> No
b.		<input type="checkbox"/> No
c.		<input type="checkbox"/> No
d.		<input type="checkbox"/> No
e.		<input type="checkbox"/> No

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

a. Home: h. Laundry and cleaning..... \$

(1) ☐ Rent or ☐ mortgage.....

If mortgage:

(a) average principal: \$

(b) average interest: \$

(2) Real property taxes..... \$

(3) Homeowner's or renter's insurance (if not included above)..... \$

(4) Maintenance and repair..... \$

b. Health-care costs not paid by insurance..... \$

c. Child care..... \$

d. Groceries and household supplies..... \$

e. Eating out..... \$

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

g. Telephone, cell phone, and e-mail..... \$

i. 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): \$

(do not add in (b)) \$

by others \$

14. Installment payments and debts

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 is:
- c. I still owe the following:
- d. My attorney's hourly rate is:

I confirm this fee arrangement

Date: _____

LEAVE THIS SECTION ABOUT ATTORNEY FEES
BLANK

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: PRINT PETITIONER'S FULL NAME RESPONDENT: PRINT RESPONDENT'S FULL NAME OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: PRINT CASE NUMBER
--	--

List # of minor children with the other party

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 have health insurance for your children through your job? If you marked "I do," provide the information on 17b, 17c, 17d below.

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

18. Additional expense for the children in this case

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

Do any of these additional month expenses apply?

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. Ex..... | \$ _____ | _____ |
| b. Ma..... | \$ _____ | _____ |
| c. (1) 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 these expenses? | \$ _____ | _____ |

- (2) Names and ages of those children (specify): _____

- (3) Child s..... Expenses per month for children from other relationships \$ _____

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 Bar number, and address): PRINT YOUR FULL NAME PRINT YOUR ADDRESS TELEPHONE NO.: PRINT YOUR PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SELF-REPRESENTED	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: PRINT PETITIONER'S FULL NAME RESPONDENT/DEFENDANT: PRINT RESPONDENT'S FULL NAME OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
PROOF OF SERVICE BY MAIL	(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:

The person who is mailing your response must write THEIR complete address.
 NOTE: This person must be over 18 years old and NOT you.

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

Print the name of the documents that were mailed to the other party.

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service at a post office or business practices. I am readily familiar with the mailing. On the same day that correspondence was mailed, I deposited the envelope with the United States Postal Service.
- b. ☐ **placing** the envelope for collection and mailing in a regular mailbox.

SELECT (A) if the person went to the Post Office or (B) if the person placed in a regular mailbox.

g our ordinary
 correspondence for
 the ordinary course of

4. The envelope was addressed and mailed as follows:
 - a. Name of person served: **PRINT THE FULL NAME OF THE PERSON WHO MAILED THE FORMS**
 - b. Address: **PRINT THE COMPLETE ADDRESS OF THE PERSON WHO MAILED THE FORMS**
 - c. Date mailed: **PRINT THE DATE THE FORMS WERE MAILED**
 - d. Place of mailing (*city and state*): **PRINT THE CITY AND STATE WHERE THE FORMS WERE MAILED FROM**
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: **PRINT**

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

PRINT SIGNATURE OF PERSON COMPLETING THIS FORM
 (SIGNATURE OF PERSON COMPLETING THIS FORM)