

Request for Order Emergency



**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

January 2025

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.

Temporary Emergency (Ex Parte) Request For Orders

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. If you do not convince the Court that it is an emergency, the Judge may likely tell you to refile an ordinary request for hearing and you will have to start all over again.

YOU WILL NEED TO DO THE FOLLOWING:

- [] Ex Parte (or Emergency Notice) must be given to the other party by telephone notifying them of the time, date, place and what orders that you are asking the court for. This Notice usually must be given by **10 AM the COURT DAY** before you go to the hearing. A Script of what you may consider saying in the phone call to the other side is on the next page.
- [] Complete Form FL 303 which includes a declaration describing how and when you notified the other party (or why you could not give notice) about your request and the hearing. Also, explain how you intend to give (serve) a copy of these documents to the other side.
- [] Describe the emergency and explain in detail in the attached Declaration why you need the temporary emergency orders instead of waiting for a regular hearing.
- [] Complete form FL-305 to serve as your proposed temporary orders for the Judge to sign, if approved.
- [] Complete Form FL-300 and any necessary documents describing what you are asking the court for.
- [] Give a detailed and full explanation your request and why the request is in the best interest of the child(ren) or important to you, your family, property etc.
- [] File the documents before your court's required filing cut off time.
- [] Appear on time for your court hearing.
- [] Convince the court that you should get your orders requested over the likely objection of the other side
- [] Do not bring your child(ren) to Court with you. Their care may distract you or they may distract others which may require the bailiff to remove them from the courtroom. Also, they may hear very emotional or child inappropriate discussions during the hearing. Most courthouses have FREE Child Care for you available.

Use BLACK INK to complete these forms. This guide is to assist you in filling out the necessary forms. This may not be all the forms that you may need based on the individual facts of your case. Seek legal professional guidance before submitting this or any legal document to the court. Blank forms are available in our "Ex Parte Request For Orders Form Packet".

Ex-Parte Notice in a Family Law/Civil Harassment Case

Note: If you are intending to give notice to the other party, you must give notice before 10 a.m. the COURT/BUSINESS DAY before you present your ex parte matter to the court

Script/What to Say: "I am calling to give ex parte notice.

"My name is (YOUR NAME) _____.

On (date) _____ at (time) _____ I am going to Department(s)
_____ of the Courthouse located at _____

(Address of Court House) to file an Ex Parte Application in the CASE of:

(name of petitioner) _____ versus

(name of respondent) _____

(case number): _____

I can be reached at phone number (**Your Telephone number**) _____.

At the hearing I will be seeking the following orders: _____

_____."

Please get the following information:

1. Date and time you called to give notice: _____

2. Name and title of the person you spoke with: _____

3. If the other party said anything after you spoke with them: _____

4. If you get a voicemail, read the entire script on to the message. Note the date/time of any response you get to prove that the other side got the voicemail message.

IMPORTANT FILING INSTRUCTIONS: The Ex Parte (Temporary Emergency Court Orders) must be filed the morning of your Ex Parte hearing before _____.

YOU MUST FILE YOUR PAPER WORK ON TIME WITH THE CLERK.

A COPY OF WHAT WAS FILED NEEDS TO BE GIVEN (SERVED) TO THE OTHER SIDE.

YOU MUST BE ON TIME TO YOUR HEARING.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Print Your Full Name FIRM NAME: STREET ADDRESS: Print Your Street Address CITY: Print Your City STATE: Print Your State ZIP CODE: Print Your Zip Code TELEPHONE NO.: Print Your Phone # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"	STATE BAR NUMBER: <div style="text-align: right;"><i>FOR COURT USE ONLY</i></div> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> Names of Petitioner and Respondent must match what was written on Summons. Please refer to FL-210 or FL-110 for this information. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Complete Address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	
DECLARATION REGARDING NOTICE AND SERVICE OF REQUEST FOR TEMPORARY EMERGENCY (EX PARTE) ORDERS	CASE NUMBER: PRINT CASE NUMBER

NOTICE: Do not use this form to ask for domestic violence procedures for requesting temporary emergency orders. Courts may grant temporary emergency orders with or without an emergency hearing. Find local rules at courts.ca.gov/5027.htm.

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

- I am (specify) attorney for petitioner respondent other parent/party not a party in the case (name and title/relationship to party):
- I did did not give notice (select all that apply):
 - that there will be an emergency court hearing
 - for temporary emergency (ex parte) orders
 - to reschedule a hearing to reschedule a hearing involving temporary emergency (ex parte) orders

DID YOU GIVE THE NOTICE TO THE OTHER SIDE? Check what you said were your plans for the hearing.

on the date, time, and location indicated below:

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

- NOTICE** (If you gave notice, complete item 3a. If you did not give notice, complete item 3b or 3c.)
 - I gave notice as described in items (1) through (5) below:
 - I gave notice to (select all that apply)
 - petitioner. Select who you called when you gave notice.
 - respondent.
 - other parent/party.
 - child's attorney.
 - other (specify):
 - I gave notice on (date):
 - personally Print the date and time you gave notice to the other party. Please note, the notice is usually required to be made before 10 am the court day before you plan on going to court.
 - by telephone
 - by fax using fax no.: Select how you gave notice.
 - by voicemail using voicemail no.:
 - by electronic means (if permitted) (specify electronic service address of person):
 - by overnight mail or other overnight carrier (specify address of delivery):
 - I gave notice (select one)
 - by 10 a.m. the court date
 - after 10 a.m. the court date (specify): Select whether you gave notice before 10 am or after 10 am the court date before you plan on going to court.

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

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

Write what temporary emergency orders you said you are requesting when you gave notice to the other party.

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

Attachment 3a(5)

Write what the other person said when you gave notice.

(6) I do do not believe that the other side will come or not come to court for the hearing and oppose your request.

b. **Request for waiver of notice.** Due to exceptional circumstances, I did not give notice about the request for temporary emergency orders. I ask that the court waive notice to the other party to help prevent (specify)

- (1) immediate date
- (2) an immediate date
- (3) immediate location
- (4) other exceptional circumstances (specify):

If you did not give notice to the other party, complete this section and explain why.

Facts showing exceptional circumstances in support of the request to waive notice include (specify): Attachment 3b

c. **Unable to provide notice.** I did not give notice about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where this hearing would take place but was unable to do so. The efforts I made to inform the

If you were unable to give notice, check this box and explain why you are were unable to serve the other person.

Attachment 3c

4. **SERVICE OF DOCUMENTS**

a. The following documents were served on

- petitioner petitioner's attorney other parent/party other parent's/party's attorney
- respondent respondent's attorney child's attorney other (specify):

before the request was filed with the court:

- (1) A copy of Request for Orders (form FL-305). Emergency (Ex Parte)
- (2) A copy of a request to Form FL-309). Form FL-306
- (3) A copy of a request to and Order on Request
- (4) Other documents (specify)

If you were able to serve your temporary emergency (ex parte) orders to the other party complete 4(a) and 4(b). If you did not serve the other party, complete 4(c).

b. Documents were served on (date)

- personally at (location) p.m.
- by fax on using fax no.:
- by electronic means (if permitted) (specify electronic service address of person served):
- by overnight mail or other overnight carrier (specify address of delivery):

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

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

Date: Print Date

Print Your Full Name
(TYPE OR PRINT NAME)

Sign Your Name
(SIGNATURE)

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

REQUEST FOR ORDER

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

1. **RESTRAINING ORDER INFORMATION**

One or more domestic If there is a current restraining order in effect between you *(specify):*
 Petitioner and the other party check box (1) and complete information *(orders if you have one.)*
 The orders are from the in this section.

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

2. **CHILD CUSTODY**

VISITATION (PARENTING TIME)

If you are requesting child custody and/or visitation orders for minor child(ren) in your case, check these boxes and complete this section.

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

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to</u> <i>(person who decides: health, education, etc):</i>	<input type="checkbox"/> <u>Physical Custody to</u> <i>(person with whom child lives):</i>
---------------------	----------------------	---	--

Print Each Child(s) Full Name and Date of Birth

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. The orders I request for child custody visitation (parenting time) are:
- (1) Specified in the attached forms:
 Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
- (2) As follows *(specify):* Attachment 2a.

Check off box(es) of any additional forms being attached.

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

Explain why the order(s) requested in 2 (a) and (b) are in the best interest of the child(ren).

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

2. d. This is a change from the current order for child custody visitation (parenting time).
 (1) The order for legal or physical custody was filed on (date): . The court ordered (specify):

If your request is a change from a current order, complete this section.

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

Attachment 2d.

3. CHILD SUPPORT

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

- a. I request that the court order child support as follows:
 Child's name and age I request support for each child Monthly amount (\$) requested
 based on the child support guideline. (if not by guideline)

If you are requesting child support, check this box and complete this section.

Attachment 3a.

- b. I want to change a current court order for child support filed on (date):
 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 _____ filed on (date):
 The court ordered \$
 c. This request is to modify (change) _____ judgment.
 I have completed and attached *Spousal or Partner Support Declaration* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.
 d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
 e. The court should should make, change, or end the support orders because (specify): Attachment 4e.

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

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

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

5. **PROPERTY CONTROL** I request temporary emergency orders in exclusive temporary use, possession, and use or rent (specify):

a. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

If you want to keep control and/or use of property, check this box and complete this section.

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
 Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
 Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
 Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

c. This is a change from the current order for property control filed on (date):
 d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6. **ATTORNEY'S FEES AND COSTS** I request attorney's fees and costs, which total _____ the following to support my request:

a. A current *Income and Expense Declaration*
 b. A *Request for Attorney's Fees and Costs Attachment* 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.

If you are requesting attorney's fees and costs, check this box and complete this section.

7. **OTHER ORDERS REQUESTED (specify):** Attachment 7.

If you are requesting other order(s) not listed elsewhere on this form, check this box and complete this section.

8. **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.

9. **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 9.

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

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
 (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: PRINT CASE NUMBER
---	--

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> <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>
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 to have the habitual or continuous use of alcohol, or the habitual or continuous use of drugs.
 - (3) I ask that the history of abuse or substance abuse of the party 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 ask that custody be granted to me.
- 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 otherwise, visitation shall be granted in cases involving domestic violence, child abuse, or child neglect.

- a. Reasonable 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.
- b. See the attached document. Check (b) if you have a proposed visitation schedule on another document. Include # of pages and date of document.
- c. The parties will meet to discuss a parenting schedule. Check (c) if you and the other party are scheduled for mediation to discuss a parenting schedule. Include information about meeting in space provided.
- d. No visitation. 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
---	--

- 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 we

1st
 from _____
 (day of week)

to _____
 (day of week)

(a)

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

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, and/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):

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

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

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

- start of school
 after school
 start of school
 after school

(3) **Weekdays starting (date)**

from _____ a
 (day of week)

to _____ a
 (day of week) (time)

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.

- of school
 school
 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) Dom

(b) Subs

or cd

subs

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

tances, or the habitual
 ribed controlled

(c) Other parenting concerns (specify below):

(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: PRINT CASE NUMBER
---	--

(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 of the person they live with (current spouse, or
- (2) Petitioner Respondent Other parent/party has (or have) a history of habitual or continuous abuse of alcohol, or the

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 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. 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).
- c. 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).
- d. 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).
- e. 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).

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.

- 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):

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 Petitioner Respondent Other parent/party must 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) of the following places:

- a.
- b.
- c.

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.** 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*):

1 5. I believe that this is an emergency situation, and that I should be heard immediately
2 because:

3
4
5
6
7
8 Explain why you believe this is an
9 emergency and you should be heard
10 immediately.
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

1 6. I believe that it is in the child(ren)'s best interest to award custody and visitation as I have
2 Requested because:

3
4
5
6
7 Explain why you think the orders
8 requested are in the best interest of
9 your child(ren).
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

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

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

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

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

11
12 (A) I request that Print Full Name of Person you want
to serve as visitation monitor. _____ shall serve as the visitation monitor for the
13 following reasons: _____

14 Explain why the person named in (A) should supervise visits.
15

16
17 (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
18 the following reasons: _____

19 Explain why the person named in (B) should not supervise visits.
20

21
22 (C) I request mother father pay the fees for any professional

21 Check which
22 parent(s) should
23 pay for a
24 professional
25 monitor of visits.

23 I declare under penalty of perjury under the laws of the State of California that the foregoing is

24 true and correct. Executed Print city where
signing this form _____, California on Print Date _____,

25 Sign Your Name
26 _____

26 Petitioner Respondent

27 Check whether
28 you are Petitioner
or Respondent

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"	FOR COURT USE ONLY
Print Your Name, Address and Phone Number in Spaces Provided	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	
Minor	CASE NUMBER: PRINT CASE NUMBER
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

Please note: Names of petitioner and respondent are always spelled exactly the same as written on the Petition (FL-100 or FL-200)

1. I am (check one): a party to this proceeding **Print the Number of Minor Child(ren) you have with the other party** authorized representative of the _____ to determine custody of a child.
2. There are (specify number): _____ minor child(ren) who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.	Print the Full Name, Date of Birth and Place of Birth (city and state) of your minor child(ren) with the other party in the spaces provided.	
b.		
c.		
d.		

Check this box if you need more space and complete form MC-020. **Attachment 2, Additional Children** at the top provide all requested information for each additional child, and attach to this form.)

3. a. Check this box if all the child(ren) listed in paragraph 2 have lived together for the past 5 years. **Check this box if you are completing form MC-020 to add more addresses for the child(ren)** _____ for the past five years. (Provide the current address if the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)	Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present		
From:			
From:			
From:			
From:			

Complete this section and provide information about where the child(ren) have lived for the past 5 years and who they lived with at the time in the spaces provided. You will need time periods, city and state and who the child lived with at the time.

- b. Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

Check this box and complete form FL-105(a) if the child(ren) listed in 2 have not all lived together for the past 5 years.

CASE NAME: Print Petitioner's Last Name vs. Respondent's Last Name	CASE NUMBER: PRINT CASE NUMBER
--	--

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 or tribe, location)	Date of proceeding
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Probate Guardianship			
c. <input type="checkbox"/> Other			

Check Y or N if there another custody, visitation, or support **case related** to any child(ren) in this action.

If there is a related case this section should be filled out with as much information as you can provide about the related case

Proceeding	Date of proceeding
d. <input type="checkbox"/> Juvenile	
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	Orders expire (date)
a. <input type="checkbox"/> Criminal		
b. <input type="checkbox"/> Family		
c. <input type="checkbox"/> Juvenile		
d. <input type="checkbox"/> Other		

Check this box if there a **restraining order related** to this action.

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

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

Name of each child:

--	--	--

7. Number of pages attached: _____
 I declare under penalty of perjury under the laws of the State of California that the information provided in this declaration is true and correct.

Date: **Print Date** _____

Print Your Full Name _____ (NAME OF DECLARANT)

Sign Your Name _____ (SIGNATURE OF DECLARANT)

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: Print Your Full Name FIRM NAME: STREET ADDRESS: CITY: Print Your Complete Address and Phone Number ZIP CODE: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> Complete this form if you are requesting child support, spousal support and/or attorney's fees. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Complete 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) per month per week per hour.

Complete information about your current or last 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.)

Choose how much you get paid and how often.

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: prof voc

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)

Sign Your 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
--	--

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

Take a copy of your latest federal tax return.)

Last 12 months
Last month
Average Monthly

- c. Commissions or bonuses..... \$ _____
- d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving \$ _____
- e. Spousal support from this marriage from a different marriage federally taxable* \$ _____
- f. Partner support from this domestic partnership from a different domestic partnership \$ _____
- g. Pension/retirement fund payments..... \$ _____
- h. Social Security retirement (not SSI)..... \$ _____
- i. Disability: Social Security (not SSI) State disability (SDI) Private insurance \$ _____
- j. Unemployment compensation..... \$ _____
- k. Workers' compensation..... \$ _____
- l. Other (military 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 Social Security number. If you have more than one business, p

Read to see if these apply and specify or explain

Black out your our 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 List any monthly deductions from your paycheck ly over the last 12 months because (specify):

10. Deductions

- 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 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 emp on labeled "Question 10g")..... \$ _____

11. Assets

- a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts..... \$ _____
- b. Stocks, bonds, and other assets I could easily sell..... \$ _____
- c. All other property, real and personal (estimate fair market value minus the debts you owe)..... \$ _____

List any assets you may have

* 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
--	--

12. The following people live with me:

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

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.

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p> If mortgage: (a) average \$ _____ (b) average \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's insurance (if not included elsewhere) \$ _____</p> <p>(4) Maintenance \$ _____</p> <p>b. Health-care costs \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p>	<p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Transportation \$ _____</p> <p>k. Entertainment \$ _____</p> <p>l. Personal care \$ _____</p> <p>m. Insurance \$ _____</p> <p>n. Other (specify): \$ _____</p> <p>o. Other (specify): \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify): \$ _____</p>
---	---

List monthly expenses to the best of your abilities. It is okay to estimate and not be exact. *NOTE: Monthly expenses should not be more than your income unless you have indicated somewhere in this form as to who, or how those expenses are being paid (8, 9, 13s, and 20 are areas sections where the difference can be explained).

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 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: _____
- d. My attorney's hourly rate is: _____

Leave this section about attorney fees blank.

I confirm this fee arrangement.

Date: _____

(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
--	--

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

16. Number of children

- a. I have (specify number): _____ **List # of children if any** _____ 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 health insurance is or would be (specify):
 (Do not include the amount your employer pays.)

18. Additional expense for the children in this case

- | | | | |
|---|----------|------------------|--|
| a. Childcare so I can work or get job training..... | \$ _____ | Amount per month | |
| b. Children's health care not covered by insurance..... | \$ _____ | | Do any of these additional month expenses apply? |
| c. Transportation..... | \$ _____ | | |
| d. Child's special needs..... | \$ _____ | | |

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?

19. Special expenses
 (attach _____)

- | | | | |
|---|----------|------------------|----------------------|
| a. Extraordinary health expenses not included in job..... | \$ _____ | Amount per month | For how many months? |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss)..... | \$ _____ | | |

- c. Expenses per month for children from other relationships who are from other relationships and _____
 _____ (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.

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

3. **CHILD CUSTODY (continued)**

c. **Travel restrictions**

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

**THIS IS THE ORDER.
 THE COURT WILL FILL OUT
 THIS PART OF THE
 DOCUMENT**

d. Child

e. (1) **Jurisd**
Jurisdic

(2) **Notice**
provide

(3) **Count**

- The United States of America Other (*specify*):

(4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

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

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

Date: Leave Blank

Leave Blank

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.