

Request for Order Initial



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

How-To Guide

Self-Help Legal Access Centers

Santa Monica

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

Inglewood

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

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

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

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.

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

- To schedule a court hearing and ask the court to make new orders or to change orders in your case.
- When *Restraining Order After Hearing* (form DV-130) has expired, and you want to change the orders that are still in effect (examples: child custody, visitation (parenting time), child support, and other orders).
- To change or end *Juvenile Restraining Order After Hearing* (form JV-255) when the case is closed (dismissed) and the order was granted under the Code of Civil Procedure.

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

- To ask for a restraining order against your spouse or domestic partner, a former spouse or domestic partner, or someone you have a child with. Read *How to Ask for a Temporary Restraining Order* (form DV-505-INFO).
- To ask to change or end a *Restraining Order After Hearing* granted under the Domestic Violence Prevention Act, including form DV-130 and form JV-255 in a juvenile case. For more information, read *How Do I Ask to Change or End a Domestic Violence Restraining Order?* (form DV-300-INFO).
- Before you have filed a Petition to start your family law case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see www.courts.ca.gov/selfhelp-agreeFL, speak with an attorney, or get help at your court’s Self-Help Center or Family Law Facilitator’s Office.
- When specific Judicial Council forms must be used to ask the court for other orders. For example, to ask:
 - For an order for contempt, use form FL-410.
 - To set aside a child support order, use form FL-360 or form FL-640.
 - To set aside a voluntary declaration of paternity, use form FL-280.

3 Forms checklist

- a. Form FL-300, *Request for Order*, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - FL-105, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
 - FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*
 - FL-312, *Request for Child Abduction Prevention Orders*
 - FL-341(C), *Children’s Holiday Schedule Attachment*
 - FL-341(D), *Additional Provisions—Physical Custody Attachment*
 - FL-341(E), *Joint Legal Custody Attachment*
- c. If you want child support, you need this form:
 - A current FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. If you want spousal or partner support or orders about your finances, you need these forms:
 - A current FL-150, *Income and Expense Declaration*
 - FL-157, *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- e. If you want attorney’s fees and costs, you need these forms:*
 - A current FL-150, *Income and Expense Declaration*
 - FL-319, *Request for Attorney’s Fees and Costs Attachment* (or provide the information in a declaration)
 - FL-158, *Supporting Declaration for Attorney’s Fees and Costs* (or provide the information in a declaration)

(*The above forms are not required when asking for attorney’s fees and costs under the Domestic Violence Prevention Act.)
- f. To request temporary emergency (ex parte) orders, you need these forms:
 - FL-305, *Temporary Emergency Orders* to serve as the proposed temporary emergency orders.
 - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use form FL-303, *Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders*.
 - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need form:
 - FL-321, *Witness List*
- h. If you want to request a separate trial (bifurcation) on an issue, you need form:
 - FL-315, *Request or Response to Request for Separate Trial*



4 Complete form FL-300 (Page 1)

Caption: Complete the top part with your name, address, and telephone number. Below that, fill in the court's address.

Write the name of the Petitioner, Respondent, or Other Parent/Party. (You must use the party names as they appear in the petition.)

In the next section, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY (EX PARTE) ORDER” if you are asking that the court make emergency orders that will be effective until the hearing date.

Then, check the boxes that apply to the orders you are requesting. Finally, in the box on the right, write your case number.

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

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

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

Items 4–5: Leave these blank. The court will complete them if the orders are granted.

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

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

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

5 Complete form FL-300 (pages 2–4)

6 Complete additional forms and make copies

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name)		STATE OR NUMBER: ZIP CODE: FAX NO.:	FL-300 FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:			
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):		CASE NUMBER:	
Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO.			
NOTICE OF HEARING			
1. TO (name(s)): <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other Parent/Party <input type="checkbox"/> Other (specify):			
2. A COURT HEARING WILL BE HELD AS FOLLOWS:			
a. Date: _____ Time: _____ Dept.: _____ Room: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____			
3. WARNING to the person served with the Request for Order: The court may make the requested orders without you if you do not file a Responsive Declaration to Request for Order (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)			
COURT ORDER (FOR COURT USE ONLY)			
It is ordered that:			
4. <input type="checkbox"/> Time <input type="checkbox"/> for service <input type="checkbox"/> until the hearing is shortened. Service must be on or before (date): _____			
5. <input type="checkbox"/> A Responsive Declaration to Request for Order (form FL-320) must be served on or before (date): _____			
6. <input type="checkbox"/> The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): _____			
7. <input type="checkbox"/> The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this proceeding and must be personally served with all documents filed with this Request for Order.			
8. <input type="checkbox"/> Other (specify): _____			
Date: _____		JUDICIAL OFFICER _____	
Form Adopted for Mandatory Use Judicial Council of California FL-300 (Rev. January 1, 2025)		REQUEST FOR ORDER	
		Page 1 of 4 Family Code, §§ 2040, 2107, 9227, 6226, 6303-6326, 6330-6333 Government Code, § 26256 Cal. Rules of Court, rule 5.52 www.court.ca.gov	

Note: You may file one form FL-150 to respond to items 3, 4, and 6.

7 File your documents

Give your paperwork and the copies you made to the court clerk to process. You may take them to the clerk’s office in person, mail them, or, in some counties, you can e-file them.

The clerk will keep the original and give you back the copies you made with a court date and time stamped on the first page of the *Request for Order*. The procedure may be different in some courts if you are requesting temporary emergency orders.

8 Pay filing fees

A fee is due at the time of filing. If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing form FW-001, *Request to Waive Court Fees* and form FW-003, *Order on Court Fee Waiver*.



9 Temporary Emergency (Ex Parte) Orders
(nondomestic violence restraining orders)

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

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

To request these orders:

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

12 Who can be a “server”

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

13 “Personal Service”

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



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

10 General information about “service”

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

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

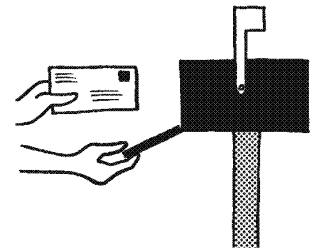
11 Serve the Request for Order and blank forms

The other party must be “served” with a:

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

14 “Service by mail”

Service by mail means that your server places copies of all the documents (and blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if the party has one).



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

Important! For questions about personal service or service by mail, talk with a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at www.courts.ca.gov/1083.htm.



15 When to use personal service or service by mail

Personal Service

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

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

- Ordered personal service;
- Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because the person has either NOT previously:
 - Been served with a *Summons* and *Petition*;^{*}

OR

 - Appeared in the case by filing a:
 - a. *Response to a Petition*;
 - b. *Appearance, Stipulations, and Waivers*;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.

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

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

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

Service by Mail

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

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

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

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

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

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

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

16 Get ready for your hearing

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

17 After the hearing, the order made on form [FL-340](#) *Findings and Order After Hearing*, must be filed and served.

18 Do you have questions or need help?

- Find a lawyer through your local bar association, the State Bar of California at 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 www.lawhelpca.org.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to www.courts.ca.gov/selfhelp-courtresources.htm.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Print Your Full Name FIRM NAME: STREET ADDRESS: Print Your Street Address CITY: Print Your City TELEPHONE NO.: Print Your Phone # EMAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"	STATE BAR NUMBER: Print Your STATE: State ZIP CODE: Print Your Zip Code FAX NO.:	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Check the box(es) of the order(s) you are asking the court to hear/make. </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 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>
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:		
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):		CASE NUMBER:

Note: Read form [FL-300-INFO](#) for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255) and form DV-300-INFO

NOTICE OF HEARING

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

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date:	Time:	Dept.:	Room.:
b. Address of court			

LEAVE THIS SECTION BLANK. THE COURT WILL GIVE YOU HEARING DATE AND WRITE THE HEARING INFORMATION IN THE SPACES.

3. **WARNING to the person** not file a *Responsive Declaration* before the hearing (unless more information.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

- 4. Time for service until the hearing is shortened. Service must be on or before (date):
- 5. A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
- 6. The parties must attend **LEAVE BLANK** pending counseling as follows
- 7. The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
- 8. Other (specify):

Date: _____ JUDICIAL OFFICER _____

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>
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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: Attachment 2a.

- (1) Specified in the attached forms:
- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Form FL-305 | <input type="checkbox"/> Form FL-311 | <input type="checkbox"/> Form FL-312 | <input type="checkbox"/> Form FL-341(C) |
|--------------------------------------|--------------------------------------|--------------------------------------|---|
- Form FL-341(D) *(specify):*

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

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

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) T This section does not apply, since this is a request for initial orders and not a change. court ordered (*specify*):
- (2) T court ordered (*specify*):

3. CHILD SUPPORT Attachment 2d.

(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:
- | | | |
|-----------------------------|---|--|
| <u>Child's name and age</u> | <input type="checkbox"/> I request support for each child | <u>Monthly amount (\$) requested based on the child support guideline. (if not by guideline)</u> |
|-----------------------------|---|--|

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*):

This section does not apply, since this is a request for initial orders and not a change.

- 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) a judgment.
 I have completed and attached Sp chment (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 _____ Attachment 8.

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.)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: **FOR COURT USE ONLY**

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 Telephone #** FAX NO.:

E-MAIL ADDRESS:

ATTORNEY FOR (name): **Print "Self-Represented"**

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

STREET ADDRESS: **Print Court's Complete Address**

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER: **Print Petitioner's Full Name**

RESPONDENT: **Print Respondent's Full Name**

OTHER PARENT/PARTY:

REQUEST FOR ORDER **CHANGE** **TEMPORARY EMERGENCY ORDERS**

Child Custody Visitation (Parenting Time) Spousal or Partner Support

Child Support Domestic Violence Order Attorney's Fees and Costs

Property Control Other (specify):

CASE NUMBER: **PRINT CASE NUMBER**

Check the box(es) of the order(s) you are asking the court to hear/make.

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.

NOTICE OF HEARING

Check whether the other party is the petitioner or respondent

1. TO (name(s)): **Print the Other Party's Full Name**

Petitioner Respondent Other Parent/Party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: Room.:

b. Address:

LEAVE THIS SECTION BLANK. THE COURT WILL GIVE YOU HEARING DATE AND WRITE THE HEARING INFORMATION IN THE SPACES.

3. **WARNING** orders without you if you do not file a Request for Order before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

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

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

- 4. Time for service until the hearing is shortened. Service must be on or before (date):
- 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or before (date):
- 6. The parties must attend **LEAVE BLANK** pending counseling as follows
- 7. The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this proceeding and must be personally served with all documents filed with this Request for Order.
- 8. Other (specify):

Date: _____ JUDICIAL OFFICER _____

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.

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

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

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

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

from _____
 (day of week)

to _____
 (day of week)

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

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.

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.

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.

(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 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 a controlled substance.

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. Transfer

c. Transfer

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.

wait in the home (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
---	--

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.

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

3 I, Print Your Full Name, declare as follows:

4 1. In my dissolution or paternity case,

5 I am the Petitioner

6 Or

7 I am the Respondent

Check whether you are the Petitioner or Respondent

8
9 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
<p>12 Print the Full Name, Date of Birth and Age of Each Minor Child you have with the other party.</p>		

10
11
12
13
14
15
16
17 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.

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

19 //
20 //
21 //
22 //
23 //
24 //
25 //
26 //

1 5. I believe that the orders that I am asking for would be in the best interest of the minor
2 child(ren) because: _____
3
4

5
6
7 Explain why the order(s) you requested in paragraph 2 of
8 FL-300 is/are in the best interest of the child(ren).
9
10
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26

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

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

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

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

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 (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
17 for the following reasons: _____

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

19
20
21 (C) I request that mother father pay the fees for any professional

22 Check which parent(s) should pay for a professional 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 at Print City where _____, California on Print Month/Day20____Print Year.
25 signing this form

26 Check whether you are Petitioner or Respondent

27 Sign Your Name _____

28 Petitioner Respondent

This page is left intentionally blank.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: Print "Self-Represented"	FOR COURT USE ONLY Please note: Names of petitioner and respondent are always spelled exactly the same as written on the Petition (FL-100 or FL-200)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		CASE NUMBER: PRINT CASE NUMBER
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): Minor		
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		

1. I am (check one): a party to this proceeding. authorized representative of the party 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. (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)	Is there another custody, visitation, or support case related to any child(ren) in this action.
a. <input type="checkbox"/> Family			Is there another custody, visitation, or support case related to any child(ren) in this action.
b. <input type="checkbox"/> Probate Guardianship			
c. <input type="checkbox"/> Other			
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	Case number	Court (name, state or tribe, location)	
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	Is there a restraining order related to this (known) action.	Orders expire (date)
a. <input type="checkbox"/> Criminal	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	
b. <input type="checkbox"/> Family		
c. <input type="checkbox"/> Juvenile		
d. <input type="checkbox"/> Other		

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 herein 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 NAME) FIRM NAME: STREET ADDRESS: (ADDRESS) CITY: (CITY) STATE: CA ZIP CODE: (ZIP CODE) TELEPHONE NO.: (PHONE #) FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SELF-REPRESENTED (PRINT)	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Complete this form if you are requesting child support, spousal support and/or attorney's fees. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT) STREET ADDRESS: (COURT ADDRESS) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: (CASE #)

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer:	b. Employer's address:	c. Employer's phone number:	d. Occupation:	e. Date job started:	f. If unemployed, date job ended:	g. I work about _____ hours per week.	h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--------------	------------------------	-----------------------------	----------------	----------------------	-----------------------------------	---------------------------------------	---

Information from your last or current job.

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

2. **Age and education**

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

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

Choose only one and how much is earned for that period

3. **Tax information**

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

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

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

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

Date: **(DATE)**

(PRINT YOUR NAME)

(SIGNATURE)

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME)	CASE NUMBER: (CASE #)
--	---------------------------------

5. **Income** (Attach a copy of your latest federal tax return.)

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

	Last 12 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 12 months and your latest federal tax return. Black out your Social Security number. If you have more than one business, attach a separate statement for each business.

Read to see if these apply and specify or explain

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

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

List any monthly deductions from your paycheck

10. **Deductions**

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

List any assets you may have

11. **Assets**

		Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$	\$
b. Stocks, bonds, and other assets I could easily sell	\$	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$	\$

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

PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <p style="text-align: center;">(CASE #)</p>
--	--

12. The following people live with me:

Name	Pays some of the household expenses?
a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

a. Home:

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

If mortgage:

(a) average \$ _____

(b) average \$ _____

(2) Real property tax \$ _____

(3) Homeowner's insurance \$ _____

(if not included in (2))

(4) Maintenance and repairs \$ _____

b. Health-care costs \$ _____

c. Child care \$ _____

d. Groceries and household supplies \$ _____

e. Eating out \$ _____

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

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

h. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____

i. Other (specify): _____ \$ _____

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 is required if either party is requesting attorney fees.):

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

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: (PETITIONER'S NAME) RESPONDENT: (RESPONDENT'S NAME) OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">(CASE #)</div>
--	--

CHILD SUPPORT INFORMATION

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

16. Number of children

List # of children if any

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

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

17. Children's health care expenses

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

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

- d. The monthly cost for the children's _____
 (Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

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

Amount per month

Do any of these additional month expenses apply?

19. Special

(attach d

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

Special circumstances

- a. Extraordinary expenses \$ _____ For how many months? _____
- b. Major medical expenses \$ _____
- c. Expenses per month for children from other relationships \$ _____ UNTIL AGE OF MAJORITY

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

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

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

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

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

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 (Name, State Bar number, and address):</p> <p>Print Your Full Name Print Your Complete Address</p> <p>TELEPHONE NO.: Print Your Phone # FAX NO.:</p> <p>ATTORNEY FOR (Name): Print "Self-Represented"</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <div style="border: 2px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>Remember the person who serves the other party must be age 18 or older</p> </div>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles"</p> <p>STREET ADDRESS: Print Court's Complete Address</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>PETITIONER/PLAINTIFF: Print Petitioner's Full Name</p> <p>RESPONDENT/DEFENDANT: Print Respondent's Full Name</p> <p>OTHER PARENT/PARTY:</p>	<p>CASE NUMBER:</p> <p style="text-align: center;">PRINT CASE NUMBER</p> <p style="text-align: right;"><i>(If applicable, provide):</i></p>
<p>PROOF OF PERSONAL SERVICE</p>	<p>HEARING DATE:</p> <p>HEARING TIME:</p> <p>DEPT.:</p>

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

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

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

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

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

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

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

Date: **Print Date**

Print Full Name of Person Who Served Papers

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

Signature of Person Who Served Papers

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)