

Request for Order Response



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

How-To Guide

Self-Help Legal Access Centers

Santa Monica	Inglewood	Torrance	Long Beach
1725 Main St., Room 210 Santa Monica, CA 90401	1 East Regent St., Room 107 Inglewood, CA 90301	825 Maple Ave., Room 160 Torrance, CA 90503	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.

1 If you received a Request for Order (form FL-300):

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

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

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

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

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

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* (form FL-300) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* (form DV-100). Instead, you must use *Response to Request for Domestic Restraining Order* (form DV-120).
- Respond to *Request to Change or End Restraining Order* (form DV-300 or form JV-255 when the juvenile case is closed and the order was granted under the Domestic Violence Prevention Act). Instead, you must use *Response to Request to End or Change Restraining Order* (form DV-320).

4 Forms checklist

- a. Form FL-320, *Responsive Declaration to Request for Order*, is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
- b. For child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - FL-105, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
 - FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*
 - FL-312, *Request for Child Abduction Prevention Orders*
 - FL-341(C), *Children's Holiday Schedule Attachment*
 - FL-341(D), *Additional Provisions—Physical Custody Attachment*
 - FL-341(E), *Joint Legal Custody Attachment*
- c. For child support, you need:
 - A current form FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)*, instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.

Notice:

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



To respond to a *Request for Order*, you must:

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

6 Specify a response to orders requested
Items 1–8: Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: You may file one form FL-150 to respond to items 3, 4, and 6.*

Item 9: Use the space to explain your responses to items 1–8. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

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

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

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARENT/PARTY:			
RESPONSIVE DECLARATION TO REQUEST FOR ORDER			CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	

Read *Information Sheet: Responsive Declaration to Request for Order* (form FL-320) for more information about this form.

- RESTRAINING ORDER INFORMATION
 - No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.
- CHILD CUSTODY
 VISITATION (PARENTING TIME)
 - I consent to the order requested for child custody (legal and physical custody).
 - I consent to the order requested for visitation (parenting time).
 - I do not consent to the order requested for child custody visitation (parenting time) but I consent to the following order:
- CHILD SUPPORT
 - I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-155) to support my responsive declaration.
 - I consent to the order requested.
 - I consent to guideline support.
 - I do not consent to the order requested but I consent to the following order:
- SPOUSAL OR DOMESTIC PARTNER SUPPORT
 - I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
 - I consent to the order requested.
 - I do not consent to the order requested but I consent to the following order:

Page 1 of 2
 Form Adopted for Mandatory Use
 Judicial Council of California
 FL-320 (Rev. January 1, 2025)
RESPONSIVE DECLARATION TO REQUEST FOR ORDER
 Code of Civil Procedure, § 1005
 Cal. Rules of Court, rule 9.02
 www.courtinfo.ca.gov

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

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

9 Serve your papers on the other party
 “Service” is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you want the court to make. *Note:* If a party has a lawyer in the case, the papers should be served on that party’s lawyer.



10 How to “serve”

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

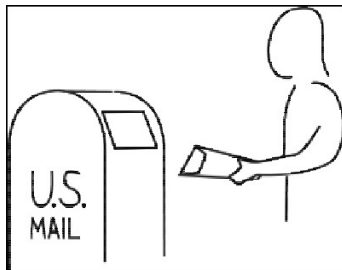
Personal service.

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



Service by mail.

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



11 Deadline for service

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

12 Server must complete a Proof of Service

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

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

13 File the Proof of Service before your hearing date

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

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

14 Participate in child custody mediation or child custody recommending counseling

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

15 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for the hearing at www.courts.ca.gov/1094.htm.

16 Still have questions or need help?

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to www.courts.ca.gov/1083.htm/.
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at calbar.ca.gov, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to lawhelpcalifornia.org.

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 Print Your STATE: State ZIP CODE: Zip Code FAX NO.:	FOR COURT USE ONLY
---	--	---------------------------

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Print "Los Angeles"**
STREET ADDRESS: **Print Court's Address**
MAILING ADDRESS:

PETITIONER: **Print Petitioner's Full Name**
RESPONDENT: **Print Respondent's Full Name**
OTHER PARTY:

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.

Print Hearing Information in Spaces Provided. Refer to pgh 2 on FL-300 for this information.

RESPONSIVE DECLARATION TO REQUEST FOR ORDER
CASE NUMBER:
PRINT CASE NUMBER
HEARING DATE: TIME: DEPARTMENT OR ROOM:

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

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

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

2. **CHILD CUSTODY**
 VISITATION (PARENTING TIME)
a. I consent to the order requested for child custody.
b. I consent to the order requested for visitation.
c. I do not consent to the order requested for child custody/visitation (parenting time) but I consent to the following order: _____

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

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

3. **CHILD SUPPORT**
a. I have completed and filed a **Child Support Statement (Simplified)** (form FL-300-INFO) for my case.
b. I consent to the order requested for child support.
c. I consent to guideline support.
d. I do not consent to the order requested for child support.

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

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

4. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
a. I have completed and filed a **Spousal and Domestic Partner Support Statement** (form FL-300-INFO) for my case.
b. I consent to the order requested for spousal or domestic partner support.
c. I do not consent to the order requested for spousal or domestic partner support.

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

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

CASE NUMBER:
PRINT CASE NUMBER

5. **PROPERTY CONTROL**

Check this box if Property Control was checked off on paragraph #5 of FL-300.

- a. I consent to the order requested.
- b. I do not consent to the order requested.

Check (b) if you consent to the Property Control order requested.
Check (c) if you do not agree with the order requested and write the orders you would agree to.

Check this box if Attorney's Fees and Costs was checked off on box #6 of FL-300.

6. **ATTORNEY'S FEES AND COSTS**

- a. I have completed and filed a Responsive Declaration (form FL-158) that addresses the order requested.
- b. I have completed and filed a Responsive Declaration (form FL-158) that addresses the order requested.
- c. I consent to the order requested.
- d. I do not consent to the order requested.

Check (c) if you consent to the Attorney's Fees and Costs order requested.
Check (d) if you do not agree with the order requested and write the orders you would agree to.

Check this box if Domestic Violence Order was checked off on box #7 of FL-300.

7. **OTHER ORDERS REQUESTED**

- a. I consent to the order requested.
- b. I do not consent to the order requested.

Check (a) if you consent to Other Orders requested.
Check (b) if you do not agree with the order requested and write the orders you would agree to.

Check this box if Other Orders Requested was checked off on box #8 on FL-300.

8. **TIME FOR SERVICE / TIME UNTIL HEARING**

- a. I consent to the order requested.
- b. I do not consent to the order requested.

Check (a) if you consent to order requested.
Check (b) if you do not agree with the order requested and write the orders you would agree to.

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

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

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

Date: Print Date
Print Your Full Name
(TYPE OR PRINT NAME)

 Sign Your Name
(SIGNATURE OF DECLARANT)

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

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

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 court grant custody to the party 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 the party 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 orders shall be enforceable in cases involving domestic violence, child abuse, or child neglect, and shall specify date, time, and location.**
- a. 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 for a proposed visitation schedule. Check (b) if you have a proposed visitation schedule on another document. Include # of pages and date of document.
 - c. The parties will meet for mediation 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, 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:
 (day of week) (time)
 to _____ at _____ a.m. p.m./ if applicable, specify:
 (day of week) (time)

- start of school
 after school
 start of school
 after school

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

from _____
 (day of week)
 to _____
 (day of week)

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

- start of school
 after school
 start of school
 after school

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

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

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

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

(a) Domestic violence

(b) Substance abuse or controlled substances

(c) Other parenting concerns (specify below):

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

stances, or the habitual described controlled

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

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

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

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

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

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

must meet the (professional)

(ii) The person is Declaration of a declaration.

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

(iii) The provider's phone

(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.

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

(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.

(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

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.

c. Transfer

d. The

e. The

f. During

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

g. Other (specify):

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

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

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

6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached [form FL-312](#).
7. **Children's holiday schedule.** I request the holiday and vacation schedule set out below [on form FL-341\(C\)](#)

8. **Additional custody**

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

[341\(D\)](#)

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

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

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

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):

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

11
12 Print the Full Name, Date of Birth and Age of Each Minor
13 Child you have with the other party.
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-320 is/are in the best interest of the child(ren).
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
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

15 Explain why the person named in (A) should supervise visits.
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
18 for the following reasons: _____
19

20 Explain why the person named in (B) should not supervise visits.
21

22 (C) I request that mother father pay the professional monitor of visits.
23

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

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

29 Check whether you are Petitioner or Respondent

30 Sign Your Name _____

31 Petitioner 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 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.

Check this box if you are completing form MC-020 to add more addresses for the child(ren). **Check this box if you are completing form MC-020 to add more addresses for the child(ren)**

- 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	--

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)

Check this box and write the number of pages attached, if any.

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: PRINT YOU FULL NAME FIRM NAME: STREET ADDRESS: PRINT YOUR ADDRESS CITY: TELEPHONE NO.: PRINT PHONE # E-MAIL ADDRESS: ATTORNEY FOR (name): SELF-REPRESENTED	STATE BAR NUMBER: FOR COURT USE ONLY <div style="border: 2px solid black; padding: 5px; text-align: center;"> Complete this form if the other party requested child and/or spousal support. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PRINT PETITIONER'S FULL NAME RESPONDENT: PRINT RESPONDENT'S FULL NAME OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: PRINT CASE NUMBER

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

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

Print information from your last or current job.

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

2. **Age and education**

a. My age is (specify): b. I have completed high school c. Number of years of college d. Number of years of graduate school e. I have: <input type="checkbox"/> professional/occupational license(s) (specify): <input type="checkbox"/> vocational training (specify):	Fill out the remaining sections (2, 3, and 4) letter by letter. Be sure to enter in any information where it states "(specify)" or "(explain)".
--	---

3. **Tax information**

a. I last filed taxes for tax year (specify year):

b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):

c. I file state tax returns in California other (specify state):

d. I claim the following number of exemptions (including myself) on my taxes (specify):

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

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

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

Date: PRINT DATE
PRINT YOUR FULL NAME

(TYPE OR PRINT NAME)

PRINT YOUR SIGNATURE

(SIGNATURE OF DECLARANT)

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

OTHER

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

Attach a copy of your latest federal tax return to this declaration.

5. Income and

Copy of your latest federal tax return (attach to this declaration.)

	Last month	Average monthly
--	------------	-----------------

a. Salary or wages (gross, before taxes).....	\$	
b. Overtime (gross, before taxes).....	\$	
c. Commissions or bonuses.....	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments.....	\$	
h. Social Security retirement (not SSI).....	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation.....	\$	
k. Workers' compensation.....	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	
b. Rental property income.....	\$	
c. Trust income.....	\$	
d. Other (specify):	\$	

7. Income from self-employment, after business expenses for all businesses

\$

I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify):
 Name of business (specify):
 Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. Additional income. I received one-time money (lottery winnings amount):

Read to see if these apply and specify or explain

(specify source and amount)

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

10. Deductions

List any monthly deductions from your paycheck

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

List any 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: 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	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.	the expenses?
a.		<input type="checkbox"/> No
b.		<input type="checkbox"/> No
c.		<input type="checkbox"/> No
d.		<input type="checkbox"/> No
e.		<input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

(1) Rent or mortgage..... i. Life insurance..... \$

If mortgage:

(a) average principal: \$

(b) average interest: \$

(2) Real property taxes..... j. Health insurance..... \$

(3) Homeowner's or renter's insurance (if not included above)..... k. Life insurance (do not add in (b))..... \$

(4) Maintenance and repair..... l. Savings and investments..... \$

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

c. Child care..... \$ n. Monthly payments listed in item 14 (itemize below in 14 and insert total here)..... \$

d. Groceries and household supplies..... \$ o. Other (specify):..... \$

e. Eating out..... \$

f. Utilities (gas, electric, water, trash)..... \$ p. Total by others..... \$

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

List monthly expenses to the best of your abilities. It is okay to estimate and not be exact. NOTE* If someone is paying for your expenses, you recently had a job loss, or loss of income, it can be indicated somewhere on this form (8, 9, 13s, and 20 are sections where this 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

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

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

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

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

List # of minor children with the other party

CHILD SUPPORT INFORMATION

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

16. Number of children

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

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

17. Children's health-care expenses

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

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

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

18. Additional expense for the children in this case

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

Do any of these additional month expenses apply?

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

- | | | | |
|--------|--|------------------|----------------------|
| | | Amount per month | For how many months? |
| a. Ex | Has there been hardships such as: a stolen car, house fire, medical injury, etc. How much per month, and how many months, will you be paying for these expenses? | \$ _____ | _____ |
| b. Ma | | \$ _____ | _____ |
| c. (1) | | \$ _____ | _____ |

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

Expenses per month for children from other relationships

(3) Child s _____ \$ _____

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 (Name, State Bar number, and address):</p> <p>PRINT YOUR FULL NAME PRINT YOUR ADDRESS</p> <p>TELEPHONE NO.: PRINT YOUR PHONE # FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name): SELF-REPRESENTED</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</p> <p>STREET ADDRESS: PRINT COURT'S 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: PRINT CASE NUMBER</p>
<p style="text-align: center;">PROOF OF SERVICE BY MAIL</p>	<p>(If applicable, provide):</p> <p>HEARING DATE:</p> <p>HEARING TIME:</p> <p>DEPT.:</p>

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

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

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

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

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

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service for collection and mailing through our ordinary business practices. I am readily familiar with the procedures for mailing correspondence in the ordinary course of business with the United States Postal Service.
- b. **placing** the envelope for collection and mailing through our ordinary business practices. I am readily familiar with the procedures for mailing correspondence in the ordinary course of business with the United States Postal Service.

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

g our ordinary
rrespondence for
the ordinary course of

- 4. The envelope was addressed and mailed as follows:
 - a. Name of person served: **PRINT THE FULL NAME OF THE PERSON WHO MAILED THE FORMS**
 - b. Address: **PRINT THE COMPLETE ADDRESS OF THE PERSON WHO MAILED THE FORMS**
 - c. Date mailed: **PRINT THE DATE THE FORMS WERE MAILED**
 - d. Place of mailing (city and state): **PRINT THE CITY AND STATE WHERE THE FORMS WERE MAILED FROM**
- 5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)
- 6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **PRINT**

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

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