

SOLICITUD DE ORDEN DE INICIO (RFO INITIAL)



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

GUÍA

Centro de Acceso Legal de Auto-Ayuda

Santa Monica

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

Inglewood

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

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

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

03/2025

Esta guía está diseñado para ayudarle a usted en llenar los formularios usted mismo. No tiene la intención de proporcionar asesoramiento legal, ni la estrategia de como completar el caso. La información proporcionada en este paquete solo presenta opciones y ejemplos. Esto no es un sustituto para el consejo legal profesional de un abogado.

¿Que es una Solicitud de Orden de Inicio ?

Esto es una Solicitud de Orden para obtener sus primeras ordenes en su caso de paternidad o divorcio. Estas órdenes de inicio son temporales y permaneceran en efecto hasta la orden final (o fallo final) es otorgado o las ordenes son modificadas por otras órdenes.

Con estos formularios usted esta pidiendo al tribunal ordenes formales y específicas en su caso. Por ejemplo: custodia y visitas, manutención de cónyuge o de hijos, control de propiedad, o cualquier otra solicitud donde necesita una orden de la corte o permiso.

Se espera que usted:

- 1) Complete los formularios (y posiblemente otros documentos) ;
- 2) Archive los formularios el secretario de la corte;
- 3) Entregar los formularios al la otra parte;
- 4) Asistir a la fecha de Mediación para intentar llegar a un acuerdo con la otra parte, y
- 5) Ir a la fecha de corte para que el juez oiga su caso.

La corte le dará una fecha de mediación y audiencia con el juez. Es importante que usted se presente a las dos fechas.

Si usted no se presenta es probable que no le otorguen las órdenes que a solicitado.

Utilize TINTA NEGRA para completar los formularios. Esta guía es para ayudarle a llenar los formularios necesarios. Es posible que no incluya todos los formularios necesarios basado en los hechos de su caso. Antes de archivar, cualquier documento con la corte, consulte con un profesional legal. Los formularios en blanco para la "Solicitud de Orden de Inicio" estan disponibles en los centros de auto-ayuda o en la corte.

Por favor complete los formularios (por lo menos 80%), antes de ir a nuestros Centros para que revisen sus formularios.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Escriba su nombre completo FIRM NAME: STREET ADDRESS: Escriba su dirección CITY: Escriba la ciudad TELEPHONE NO.: Escriba su número de teléfono EMAIL ADDRESS: ATTORNEY FOR (name): Escriba "Self-Represented" STATE BAR NUMBER: _____ STATE: Escriba el Estado ZIP CODE: Escriba el código postal FAX NO.: _____ SUPERIOR COURT OF CALIFORNIA, COUNTY OF Escriba "Los Angeles" STREET ADDRESS: Escriba la dirección de la corte MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Marque las casillas de las órdenes que le solicita al tribunal que escuche o emita. </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Consulte la Citación (FL-210 o FL-110) para conocer el nombre del peticionario y del demandado. Independientemente de quién presente algo, los nombres del peticionario y del demandado siguen siendo los mismos. </div> _____ ESCRIBA EL NÚMERO DE CASO
PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado 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): _____	

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 DV-300-INFO.

Indique si la otra parte es el peticionario o el demandado

NOTICE OF HEARING

1. TO (name(s)): **Escriba el nombre completo del peticionario o el demandado**
 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			

DEJE ESTA SECCIÓN EN BLANCO. EL TRIBUNAL LE DARÁ LA FECHA DE LA AUDIENCIA Y ESCRIBIRÁ LA INFORMACIÓN DE LA AUDIENCIA EN LOS ESPACIOS.

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

at you if you do the court days FL-320-INFO for

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 **DEJE EN BLANCO** 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: Escriba el nombre completo del demandante	CASE NUMBER:
RESPONDENT: Escriba el nombre completo del demandado	ESCRIBA EL NÚMERO DE CASO
OTHER PARENT/PARTY:	

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

Petitioner

The orders are from the

a. Criminal: Co

b. Family: County/state (specify):

c. Juvenile: County/state (specify):

d. Other: County/state (specify):

Si existe una orden de restricción vigente entre usted y la otra parte, marque la casilla (1) y complete la información en esta sección.

(specify):
orders if you have one.)

wn):

Case No. (if known):

Case No. (if known):

2. **CHILD CUSTODY**

VISITATION (PARENTING TIME)

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

Child's Name

Date of Birth

Legal Custody to (person who decides: health, education, etc):

Physical Custody to (person with whom child lives):

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

Si está solicitando custodia para hijos menores y/o órdenes de visita para hijos menores en su caso, marque estas casillas y complete esta sección.

emergency orders

Para cada niño, indique qué padres desea que tengan la custodia física y legal. Consulte arriba para obtener una explicación de la diferencia entre custodia física y legal.

b. The orders I request for child custody visitation (parenting time) are:

(1) Specified in the attached forms:

Form FL-305

Form FL-311

Form FL-312

Form FL-341(C)

Form FL-341(D)

(specify):

(2) As follows (specify):

Marque las casillas de cualquier formulario adicional que se adjunte.

Attachment 2a.

Attachment 2b.

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

Attachment 2c.

Explique por qué las órdenes solicitadas en 2 (a) y (b) son en el mejor interés de los niños.

PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY:	CASE NUMBER: ESCRIBA EL NÚMERO DE CASO
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2. d. This is a change from the current order for child custody visitation (parenting time).
- (1) T Esta sección no aplica, ya que se trata de una solicitud de ordenes iniciales y no de un cambio. 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:
- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Child's name and age | <input type="checkbox"/> I request support for each child | <u>Monthly amount (\$) requested</u> |
| based on the child support guideline. (if not by guideline) | | |

Si está solicitando manutención de menores (child support) marque esta casilla y complete esta sección.

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*):

Esta sección no aplica, ya que se trata de una solicitud de ordenes iniciales y no de un cambio.

- 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.

Explique por qué la orden solicitada en 3 es lo mejor para el(los) niño(s).

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 Si solicita manutención conyugal, marque esta casilla y complete esta sección. filed on (*date*):
- The court ordered \$
- c. This request is to modify (change) 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.

Explique por qué el tribunal debería otorgar manutención conyugal en su caso.

PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY:	CASE NUMBER: ESCRIBA EL NÚMERO DE CASO
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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:

Si desea mantener el control y/o uso de la propiedad, marque esta casilla y complete esta sección.

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 _____, for the following to support my request:

Si solicita honorarios y costos de abogados, marque esta casilla y complete esta sección.

a. A current *Income and Expense Declaration* that addresses the factors covered in that form.
 b. A *Request for Attorney's Fees and Costs Attachment* (form FL-158) 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.

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

Si solicita otras ordenes que no figuran en otra parte de este formulario, marque esta casilla y complete esta sección.

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.

No use esta sección.

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.

Si necesita más espacio para explicar por qué solicitó las ordenes, marque la casilla y explique más aquí. Si solicita una orden de custodia/visitas de los hijos, puede utilizar la Declaración incluida en este paquete. Si utiliza la Declaración, imprima "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:
Escriba su nombre

(TYPE OR PRINT NAME)

▶ **Firme su nombre**

(SIGNATURE OF APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY:	CASE NUMBER: ESCRIBA EL NÚMERO DE CASO
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CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. a. Custody. Custody of the minor children of the parties is requested as follows: Attachment 1a.

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i>	<u>Physical Custody to</u> <i>(person the child regularly lives with)</i>
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Escriba el nombre completo y la fecha de nacimiento de los hijos menores que tiene con la otra parte.

Para cada niño, indique qué padres desea que tengan la custodia física y legal. Consulte arriba para obtener una explicación de la diferencia entre custodia física y legal.

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 is (or are) alleged 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 petitioner because the respondent has a history of abuse.
- (4) Even though I ask that the court grant custody to the petitioner, I ask that the court grant custody to the respondent because of the respondent's history of abuse.
- Below: Attachment 1b. Other (specify):

Marque esta casilla y complete esta sección si cualquiera de las partes alega que la otra parte (padre) tiene antecedentes de abuso o abuso de drogas.

Si (b) está marcado, lea (1) - (4) atentamente y marque las casillas que correspondan.

2. Visitation (Parenting Time).

Note: Unless specifically ordered, visitation shall be granted in cases involving domestic violence, child abuse, or child neglect.

- a. Reasonable visitation schedule. **involving domestic violence, child abuse, or child neglect.**
- b. See the attached parenting plan or other document for visitation schedule. **date, time, and location.**
- c. The parties will agree on a visitation schedule. **date, time, and location.**
- d. No visitation (parenting time) is requested. **time.**

Marque (a) si desea visitas razonables. Esto significa que podrá acordar un horario de visitas con la otra parte. Este tipo de orden es difícil de hacer cumplir por parte de la policía porque no es específica. Debe asegurarse de poder estar de acuerdo con la otra parte al elegir esta opción.

Marque (b) si tiene un horario de visitas propuesto en otro documento. Incluya el número de páginas y la fecha del documento.

Marque (c) si usted y la otra parte están programados para una mediación para discutir un horario de visitas. Incluya información sobre el horario en el espacio provisto.

Marque (d) si no desea tener visitas. Esto significa que la otra parte nunca vera a los niños. Debe demostrar que el otro padre es físicamente o mentalmente peligroso para los niños, un riesgo de fuga de algo similar. Si elige esta opción, deberá explicar el motivo en una declaración.

PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY:	CASE NUMBER: ESCRIBA EL NÚMERO DE CASO
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- e. Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")
 Petitioner's **Respondent's** **Other Parent's/Party's** parenting time (visitation) will be as follows:

(1) **Weekends starting (date):**

(Note: The first we

1st
 from _____
 (day of week)
 to _____
 (day of week)

(a)

(b) The petitioner respondent other parent/party

Marque (e) si desea visitas específicas. Esto significa que usted establece un horario específico de días y horas en que el otro padre visitaría a los niños. Puede solicitar que el otro padre tenga visitas nocturnas, en ciertos días o fines de semana. Marque qué padre recibirá el horario de visitas propuesto que está solicitando.

start of school
 after school
 start of school
 after school

ner respondent
 s (date):

will have the fifth weekend in odd even numbered months.

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

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

Marque y complete el párrafo 3 sobre el tipo de visitas *solo si* alega que el padre tiene antecedentes de abuso, abuso de sustancias u otras preocupaciones de crianza. Marque y complete el párrafo 3 sobre el tipo de visitas *solo si* alega que el padre tiene antecedentes de abuso, abuso de drogas o otras preocupaciones de crianza.

start of school
 school
 start of school
 school

(4) Other visitation (parenting time) 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.

(a) Domestic violence

(b) Substance abuse

(c) Other parenting concerns (specify below):

Seleccione (a) si desea que una de las partes tenga visitas supervisadas con los niños en este caso y complete esta sección.

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):

Si marcó (a), explique por qué desea visitas supervisadas y por qué las visitas no supervisadas serían malas para los niños.

PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY:	CASE NUMBER: ESCRIBA EL NÚMERO DE CASO
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(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

(i) The person of requirements (form FL-324

Si marcó (a), complete esta sección sobre quién desea que actúe como supervisor de visitas y en (3) (a) (3) (b) proporcione información sobre los costos asociados con las visitas supervisadas.

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

Seleccione (b) si desea que una de las partes tenga visitas sin supervisión con los niños en este caso y complete esta sección.

(2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continuing abuse of alcohol, or the

(3) Even though there are allegations of a history of abuse or substance abuse, 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):

Si marcó (b), explique por qué desea visitas sin supervisión y por qué las visitas sin supervisión serían buenas para los niños a pesar de que existen acusaciones o antecedentes de abuso.

(5) The orders 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

Marque esta casilla y complete esta sección si desea especificar cual padre **recogerá y dejará** a los niños, y en qué dirección específica. También puede realizar solicitudes adicionales en esta sección.

c. Transfer

d. The

e. The

f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other (specify):

PETITIONER: Escriba el nombre completo del demandante RESPONDENT: Escriba el nombre completo del demandado OTHER PARENT/PARTY:	CASE NUMBER: ESCRIBA EL NÚMERO DE CASO
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5. **Travel with children** The must have written permission from the
- a. the state of California.
- b. the following counties (*specify*):
- c. other places (*specify*):

Marque esta casilla y complete esta sección si desea especificar qué padre **recogerá y dejará** a los niños, y en qué dirección específica.

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**

Lea atentamente del 6 al 10. Marque las casillas de cualquier orden adicional que desee pedir.

Si tiene la intención de completar o ya ha completado un formulario adjunto, marque la casilla correspondiente y adjunte ese documento adicional detrás de esta página.

[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*):

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: Escriba "Self-Represented"	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		Tenga en cuenta: El nombre del demandante y del demandado siempre se escribe exactamente como se escribio en la peticion. (FL-100 o FL-200)
(This section applies to cases other than probate guardianships.) PETITIONER: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):		CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		Minor ESCRIBA SU NUMERO DE CASO

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 children who are subject to this proceeding, as follows (list oldest child first):

	Full Name	Date of birth	Place of birth (city and state)
a.	Escriba el nombre completo, la fecha de nacimiento y el lugar de nacimiento (ciudad y estado) de su(s) hijo(s) menor(es) con la otra parte en los espacios provistos.		
b.			
c.			
d.	Marque esta casilla si necesita mas espacio y complete el formulario MC-020.		

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, 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 the child has lived with you for the past five years. 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 esta seccion y proporcione informacion sobre donde han vivido los ninos durante los ultimos 5 anos y con quien vivieron en el momento en los espacios provistos. Necesitara periodos de tiempo, ciudad y estado y con quien vivo el nino en ese momento.

Marque esta casilla si esta completando el formulario MC-020 para agregar mas domicilios para los ninos.

- 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.)

Marque esta casilla y complete el formulario FL-105(a) si los hijos enumerados en 2 no han vivido juntos durante los ultimos 5 anos.

CASE NAME:
Escriba el apellido del demandante vs. Escriba el apellido del demandado

CASE NUMBER:
ESCRIBA SU NUMERO DE CASO

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):

Table with columns: Proceeding, Case number, Court (name, state or tribe, location), Child of. Rows include Family, Probate Guardianship, Other, Juvenile, Adoption. Includes callout boxes: 'Marque Si o No, si hay otro caso de custodia, visitacion or manutencion relacionado con cualquier nino(s) en este caso.' and 'Si hay un caso relacionado, esta seccion debe completarse con toda la informacion que pueda facilitar sobre el caso relacionado.'

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):

Table with columns: Court, County, Orders expire (date). Rows include Criminal, Family, Juvenile, Other. Includes callout boxes: 'Marque esta casilla si hay una orden de restriccion relacionada con este caso.' and 'Si hay una orden de restriccion relacionada, esta seccion debe llenarse con toda la informacion que pueda facilitar sobre la orden de restriccion.'

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):

Form with sections for Name and address of person (a, b, c), Has physical custody, Claims custody rights, Claims visitation rights, Name of each child. Includes callout box: 'Conteste Si o No, si alguien mas afirma tener la custodia fisica y/o legal del cualquier nino(s) en esta accion. Si su respuesta es Si, complete el resto de la informacion en esta seccion.'

7. Number of pages attached.

Callout box: 'Marque esta casilla y escriba el numero de paginas adjuntas, si las hubiera.'

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

Date: ESCRIBA LA FECHA

ESCRIBA SU NOMBRE
(NAME OF DECLARANT)

FIRME SU NOMBRE
(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.

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

3
4 I, _____, declare as follows:
5

6 1. In my dissolution or paternity case,

7 I am the Petitioner

8 or

9 I am the Respondent
10

11 2. The other party

12 Full name of

Complete esta página con la información apropiada.

Age

El demandante y demandado siempre permanecerá igual en el caso. Si no está seguro, revise la Petición.

13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20
21 3. I am the mother father.
22

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

24 //

25 //

26 //

27 //
28

1 5. I request the Court to make the following changes or modification of orders for legal and
2 physical custody:

- 3 1. Primary physical custody and sole legal custody to
4 mother father
- 5 2. Joint legal custody to both mother and father with primary physical custody to
6 mother father
- 7 3. Joint legal and physical custody to both mother and father.
- 8 4. Other: _____

10 7. I request that the court make one of the following orders for visitation of child(ren) for
11 mother father to be:

- 12 Reasonable visitation that we can agree to.
- 13 No visitation. I have explained in paragraph 10 why I believe the other parent should have
14 no visitation.
- 15 Supervised or monitored visitation. I have explained in paragraph 11 why I believe the
16 other parent should have supervised visitation.
- 17 Specific visitation, as stated in forms:
18 FL-311, FL-312, FL-341(C), FL-341(D), FL-341(E)
- 19 Specific visitation, as follows: _____

21 Marque las visitas que esta pidiendo.
22 Si ya llenó los fomulares de custodia y
23 visitacion, marque cuales fueron los
24 formularios que lleno

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

3 _____
4 _____

5 _____

Necesitara escribir una declaracion explicando porque esta solicitando estas ordenes. Debe explicar porque las ordenes que esta pidiendo para custodia y/o visitas, son en el mejor interes de los niños. Debe tambien escribir hechos que apoyen porque el juez deba otorgar lo solicitado.

6 _____
7 _____

8 _____
9 _____

10 _____
11 _____

12 _____
13 _____

14 _____
15 _____

16 _____
17 _____

18 _____
19 _____

20 _____
21 _____

22 _____
23 _____

24 _____
25 _____

26 _____
27 _____
28 _____

1 9. 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 **Si esta solicitando que el otro padre no tenga visitas, deberá**
4 **explicar sus razones. Deberá mostrar que el otro padre es**
5 **peligroso mentalmente o físicamente hacia los niños, o hay**
6 **riesgo de secuestro.**

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

9
10 **Si esta solicitando que el otro padre tenga visitas**
11 **supervisadas , deberá explicar sus razones. Deberá**
12 **mostrar que el otro padre no puede cuidar los niños**
13 **y necesita visitas supervisadas.**

14 (A) I request that _____ shall serve as the visitation monitor for
15 the following reasons: _____

16
17
18 (B) I request that _____ shall NOT serve as the visitation monitor
19 for the following reasons: _____

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

23
24 I declare under penalty of perjury under the laws of the State of California that the foregoing
25 is true and correct. Executed at La ciudad donde firmó, California on Fecha, 20 Año.
26 esté documento.

27 **Su nombre**

28 Petitioner Respondent

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Escriba su nombre FIRM NAME: STREET ADDRESS: Escriba su direccion y numero de telefono CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Escriba "Self-Represented"	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: Escriba la direccion de la corte CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: Escriba el numero de caso

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.	Escriba su empleo actual. Si no está trabajando, escriba la información de su último empleo. Si usted nunca ha trabajado, escriba "Never worked."
--	--	--

(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 _____ grade completed (specify): _____

c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____

d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____

e. I have: professional/occupational license(s) (specify): _____
 vocational training (specify): _____

Escriba su edad y informacion sobre su educacion

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): _____

Escriba la información sobre el último año que presentó los impuestos. Si nunca los ha presentado, escriba "Never filed."

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: **Escriba la Fecha**

Escriba su nombre

Su Firma

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER:

RESPONDENT:

DEFENDANT:

Escriba el nombre del demandante

Escriba el nombre del demandado

CASE NUMBER:

Escriba numero de caso

!Importante! Adjunte copias de sus talones de sueldo o prueba de sus ingresos de los últimos 2 meses.

stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return. (Black out your Social Security number on the pay stub and tax return.)

5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.) Table with columns: Category, Last month, Average monthly. Includes items like Salary, Overtime, Commissions, Public assistance, Spousal support, etc.

Escriba una cantidad en cada linea. Si no hay o no aplica, escriba 0.

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.) Table with columns: Category, Last month, Average monthly. Includes Dividends, Rental property, Trust income, etc.

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

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. Deductions Table with columns: Category, Last month. Includes Required union dues, Retirement payments, Medical premiums, Child support, Spousal support, Partner support, Necessary job-related expenses.

11. Assets Table with columns: Category, Total. Includes Cash and checking accounts, Stocks, bonds, and other assets, All other property.

* 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: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;">Escriba el numero de caso</div>
---	--

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.	Escriba los nombres, edades, relacion a usted y ingreso mensual de todas las personas que viven con usted. Tambien marque si las personas le ayudan con los gastos del hogar.			<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

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

If mortgage: #13. Escriba los gastos mensuales de su hogar. Si no tiene o no le aplican escriba "0"

mortgage \$ _____ i. Clothes \$ _____

(2) Real property taxes \$ _____ j. Gas, and vacation \$ _____

(3) Homeowner's or renter's insurance \$ _____ k. Public transportation \$ _____

(if not included above) \$ _____ l. Repairs, bus, etc.) \$ _____

(4) Maintenance and repair \$ _____ m. Life, accident, etc.; do not include \$ _____

auto, home, or health insurance) \$ _____

b. Health-care costs not paid by insurance \$ _____ n. Savings and investments \$ _____

c. Child care \$ _____ o. Charitable contributions \$ _____

d. Groceries and household supplies \$ _____ p. Monthly payments listed in item 14 \$ _____

(itemize below in 14 and insert total here)

e. Eating out \$ _____ q. Other (specify): \$ _____

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

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

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
Escriba otros pagos o deudas que no fueron mencionados en #13.		\$	\$	
		\$	\$	
		\$	\$	

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: Escriba el nombre del demandante RESPONDENT: Escriba el nombre del demandado OTHER PARTY/PARENT/CLAIMANT: _____	CASE NUMBER: Escriba el numero de caso
---	--

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 the schedule, you may want to attach a schedule here.)

Complete este formulario si esta solicitando manutencion de hijos. Si no le aplica deje en blanco.

17. Children's health-care expenses

- a. I do I do not pay for children's health-care expenses.
 b. Name of insurance company: _____
 c. Address of insurance company: _____
 d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month
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 <i>(specify below)</i> :	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address): SU NOMBRE SU DIRECCIÓN TELEPHONE NO.: Numero de Teléfono. FAX NO.: ATTORNEY FOR (Name): Self Represented	¡IMPORTANTE! Usted no debe firmar este documento. Este formulario debe ser completada/firmada por la persona que entrega una copia a la otra parte. Esta persona debe ser mayor de 18 años y que no sea afiliado con este caso.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: DIRECCIÓN DE LA CORTE MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: NÚMERO DE CASO
PETITIONER/PLAINTIFF: NOMBRE DEL DEMANDANTE RESPONDENT/DEFENDANT: NOMBRE DEL DEMANDADO OTHER PARENT/PARTY:	(If applicable, provide): HEARING DATE: Fecha de audiencia HEARING TIME: Hora de audiencia DEPT.: Departamento
PROOF OF PERSONAL SERVICE	

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): **NOMBRE DE LA OTRA PARTE**
3. I served copies of the following documents (specify):

FL-300, FL-105, FL-311, DECLARATION, Y INLUYA TODOS LOS DOCUMENTOS QUE COMPLETO

4. By personally delivering copies to the person served, as follows:

- a. Date: ← b. Time: ←
 c. Address: ←

SE DEBE ENTREGAR LOS DOCUMENTOS PERSONALMENTE A LA OTRA PARTE POR UNA PERSONA MAYOR DE 18 AÑOS, NO CONECTADA CON EL CASO, Y NO PUEDE SER USTED. LA PERSONA QUE ENTREGA LOS DOCUMENTOS DEBE ESCRIBIR LA FECHA, LA HORA, Y LA DIRECCIÓN DE DONDE SE LE ENTREGO LOS DOCUMENTOS A LA OTRA PARTE.

5. I am
- | | | |
|---|--|---|
| a. <input checked="" type="checkbox"/> not a registered California process server.
b. <input checked="" type="checkbox"/> a registered California process server.
c. <input checked="" type="checkbox"/> an employee of a registered California process server. | d. <input checked="" type="checkbox"/> | exempt from registration under Business & Profession Code section 22350(b).
e. <input type="checkbox"/> a California sheriff or marshal. |
|---|--|---|
- La persona debé marcar los que mejor lo describe.

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

La persona que hace la entrega que escriba su nombre, dirección, y número de teléfono en está sección.

7. I am a California process server and I certify that the foregoing is true and correct. Marque aquí si la persona que hizo la entrega **NO** es un alguacil.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: Marque aquí si la personas que hizo la entrega fue un alguacil.

NOMBRE DE LA PERSONA QUE ENTREGO LOS DOCUMENTOS

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

FIRMA DE LA PERSONA QUE ENTREGO LOS DOCUMENTOS

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)