REQUEST FOR ORDER MODIFICATION



Forms

Self-Help Legal Access Centers

Santa Monica

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

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

825 Maple Ave., Room 160 Torrance, CA 90503 Long Beach

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

July 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.

Please type or print in black ink.

PARTY WITHOUT ATTORNEY OR ATTORNEY	ARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:	
NAME:		FOR COURT USE ONLY
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (name): Self-Represented		
SUPERIOR COURT OF CALIFORNIA, COUN	TY OF Los Angeles	
STREET ADDRESS:	•	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		
REQUEST FOR ORDER CHA	NGE TEMPORARY EMERGENCY ORDERS	CASE NUMBER:
		5, 152 115 III 521 1.
· —	n (Parenting Time) Spousal or Partner Support	
Child Support Property	Control Attorney's Fees and Costs	
Other (specify):		
(-)		
	for information about how to complete this form. To ask to training Order After Hearing (form DV-130 or JV-255), rea	
	NOTICE OF HEARING	
1 TO (nama):	No no z o ne	
1. TO (name):		
Petitioner R	espondent Other Parent/Party Other (spe	ecify):
2. A COURT HEARING WILL BE HELD	AS FOLLOWS:	
a. Date:	Time: Dept.:	Room.:
b. Address of court same as	noted above other (specify):	
not file a Responsive Declaration to R	h the Request for Order: The court may make the reque equest for Order (form FL-320), serve a copy on the other as ordered a shorter period of time), and appear at the he	parties at least nine court days
	COURT ORDER	
It is ordered that:	COURT ORDER (FOR COURT USE ONLY)	
it is ordered triat.	(FOR COURT USE ONET)	
4. Time for service	until the hearing is shortened. Service must be on or l	pefore <i>(date):</i>
5. A Responsive Declaration to Re	quest for Order (form FL-320) must be served on or befor	e (date):
 ,	,	,
6 The parties must attend an apport (specify date, time, and location)	intment for child custody mediation or child custody recor :	nmending counseling as follows
7. The orders in <i>Temporary Emerg</i> served with all documents filed v	nency (Ex Parte) Orders (form FL-305) apply to this proceed with this Request for Order.	eding and must be personally
8. Other (specify):	•	
o Other (specify).		
Date:		IUDIOIAL OFFICES
		JUDICIAL OFFICER

F	I _3	'n	n

PETITIONER:	CASE NUMBER:
RESPONDENT:	
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 y "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's na attached to this form. Then, on a sheet of paper, list each attachment number followed by your name, case number, and "FL-300" as a title. (You may use <i>Attached Declaration</i> (for the state of th	mes and birth dates continues on a paper by your request. At the top of the paper, write
The orders are from the following court or courts (specify county and state):	opy of the orders if you have one.)
	e No. (if known):
	e No. (if known):
	e No. (if known):
d. Other: County/state (specify):	e 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 (pedecides: health, educ	
b. The orders I request for child custody visitation (paren (1) Specified in the attached forms: Form FL-305 Form FL-311 Form FL-341(D) Form FL-341(E) Other (2) As follows (specify):	
c. The orders that I request are in the best interest of the children because (sp	ecify): Attachment 2c.

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	
2. d. This is a change from the current order for child custody	visitation (parenting time).
(1) The order for legal or physical custody was filed on <i>(date)</i> :	. The court ordered (specify):
(2) The visitation (parenting time) order was filed on <i>(date)</i> :	. The court ordered (specify):
3. CHILD SUPPORT (Note: An earnings assignment may be issued. See <i>Income Withholding for Sup</i> a. I request that the court order child support as follows: Child's name and age based on the child supp	
 I want to change a current court order for child support filed on (date): The court ordered child support as follows (specify): 	Attachment 3a.
 I have completed and filed with this Request for Order a current Income and a current Financial Statement (Simplified) (form FL-155) because I meet the 	
d. The court should make or change the support orders because (specify):	Attachment 3d.
4. SPOUSAL OR DOMESTIC PARTNER SUPPORT (Note: An <i>Earnings Assignment Order for Spousal or Partner Support</i> (form FL-4 a. Amount requested (monthly): \$ b. I want the court to change end the current support	135) may be issued.) order filed on <i>(date):</i>
The court ordered \$ per month for support.	order med on (date).
c. This request is to modify (change) spousal or partner support after end I have completed and attached <i>Spousal or Partner Support Declaration</i> that addresses the same factors covered in form FL-157.	n Attachment (form <u>FL-157</u>) or a declaration
 d. I have completed and filed a current <i>Income and Expense Declaration</i> (form e. The court should make, change, or end the support orders because (specify) 	

FL-300 PETITIONER: CASE NUMBER: RESPONDENT: OTHER PARENT/PARTY: I request temporary emergency orders PROPERTY CONTROL a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify): b. 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: Pay to: _____ Amount: \$ ____ Due date: ____ For: Amount: \$ _____Due date: Pay to: For: _____ Amount: \$ _____ Due date: Pay to: 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. ATTORNEY'S FEES AND COSTS I request attorney's fees and costs, which total (specify amount): \$. I filed the following to support my request: a. A current Income and Expense Declaration (form FL-150). b. A Request for Attorney's Fees and Costs Attachment (form FL-319) or a declaration 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. OTHER ORDERS REQUESTED (specify): Attachment 7. 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. The hearing date and service of the Request for Order to be sooner. c. I need the order because (specify): Attachment 8. 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.

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:

Date:





Requests for Accommodations

(TYPE OR PRINT NAME)

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 courts.ca.gov/forms for *Disability Accommodations Request* (form MC-410). (Civ. Code, § 54.8.)

PETITIONER: RESPONDENT:			CASE NUMBER:	
OTHER PARENT/PARTY:				
CHILD CUSTODY AND \	/ISITATION (PAR	ENTING TIM	E) APPLICATION AT	TACHMENT
	—This is not	a court orde	r—	
TO Petition Response Other (specify):	Request fo	or Order	Responsive Declar	ration to Request for Order
1. a. Custody. Custody of the minor	children of the parti	es is requested	l as follows:	Attachment 1a.
<u>Child's Name</u>	<u>Date of Birth</u>	(person who	gal Custody to decides about the child's ucation, and welfare)	Physical Custody to (person the child regularly lives with)
b. Custody with allegations of a	a history of abuse o	or substance a	buse	
(1) Petitioner	Respondent	Other parent/pa	arty is (or are) all	eged to have
a history of abuse agains person they live with or a			ld, the other parent, the	ir current spouse, or the
` ,	llegal use of control		or the habitual or conti	eged to have nual abuse of alcohol, or the
(3) I ask that the court history of abuse or		int custody of t	he minor child to the per	rson(s) alleged to have a
(Write the reasons	why you think it wou	ld be good for the state of a his	make the child custody the children that the perstory of abuse or substa	son(s) be granted custody,
2. Visitation (Parenting Time).				
Note: Unless specifically ordered, a ch	-			-
 Reasonable right of paren involving domestic viole 	• ,	to the party wit	nout physical custody (r	not appropriate in cases
b. See the attached			•	Provide the form of the second
c. I he parties will go to child location):	custody mediation (or child custody	recommending counse	ling at (specify date, time, and
d. No visitation (parenting tin	ne).			

	TTIONER: ONDENT: T/PARTY:	CASE NUMBER:
e	Visitation (parenting time). (Specify start and ending date and time. If a Petitioner's Respondent's Other Parent's/Party's pare (1) Weekends starting (date): (Note: The first weekend of the month is the first weekend with a S 1st 2nd 3rd 4th 5th weekend from at 1 a.m. p.m./ if ap (day of week) (time) (a) The parties will alternate the fifth weekends, with a S (a) other parent/party having the initial fifth weekends.	nting time (visitation) will be as follows: Saturday.) end of the month plicable, specify: start of school after school plicable, specify: start of school after school after school after school after school of the petitioner respondent eekend, which starts (date): other parent/party will have the fifth
	(2) Alternate weekends starting (date): from at a.m p.m./ to (day of week) at a.m p.m./	if applicable, specify: start of school after school
	(3) Weekdays starting (date): from at a.m p.m./ (day of week) at a.m p.m./ to (day of week) at a.m p.m./	if applicable, specify: start of school after school
3. Visitatio	(4) Other visitation (parenting time) days and restrictions are: as follows: (a) I ask that petitioner respondent other pawith the minor children according to the schedule in item 2 because (a) Domestic violence, child abuse, or neglect. (b) Substance abuse: the habitual or continual illegal use or continual abuse of alcohol, or the habitual or continual substances. (c) Other parenting concerns (specify below):	e abuse, or other parenting concerns arent/party have supervised visitation to be of (specify): of controlled substances, or the habitual
	(2) The reasons why the court should make the orders are (specify): (Write the reasons why you think unsupervised visitation (parenting in Attachment 3a(2) Other (specify):	g time) would be bad for the children.)

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	
(3) I ask for the following orders about the supervised visitation prov	ider:
(a) Visitation (parenting time) be monitored by (name, if known).	
(i) The person or agency is a professional provider. A requirements listed in <i>Declaration of Supervised V</i> (form FL-324(P)) and sign the declaration.	
(ii) The person is a nonprofessional provider. That per Declaration of Supervised Visitation Provider (Non a declaration.	
(iii) The provider's phone number is (specify):	
(b) Any costs of supervision be paid as follows: petitioner: other parent/party: percent.	percent; respondent: percent.
b. Unsupervised visitation (parenting time)	
(Complete 3b only if you want the court to order unsupervised visitate abuse or substance abuse.)	ion to a person alleged to have a history of
(1) Petitioner Respondent Other parent/party a history of abuse against any of the following persons: a child, t the person they live with or are dating or engaged to.	is (or are) alleged to have he other parent, their current spouse, or
(2) Petitioner Respondent Other parent/party habitual or continual illegal use of controlled substances, or the habitual or continual abuse of prescribed controlled substances.	is (or are) alleged to have the nabitual or continual abuse of alcohol, or the
(3) Even though there are allegations of a history of abuse or substation to (specify): Petitioner	nce abuse, I request that the court order 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 childre, visitation (parenting time) even though there are allegations agai abuse.) Below: in Attachment 3b. Other (specify)	n that the person(s) be granted unsupervised nst them of a history of abuse or substance
(5) The orders for visitation (parenting time) that you request must b of transfer of the child, as Family Code section 6323(c) requires.	e specific as to time, day, place, and manner
Transportation for visitation (parenting time) and place of exchange Note: In cases of domestic violence, the court must have enough information place, and manner of transfer (exchange) of the child for custody and vis	
The children must be driven only by a licensed and insured driver. The vehi Department of Motor Vehicles and must have child restraint devices properly	cle must be legally registered with the
b. Transportation to begin the visits will be provided by <i>(name)</i> :	
c. Transportation from the visits will be provided by <i>(name)</i> :	
d. The exchange point at the beginning of the visit will be (address):	
e. The exchange point at the beginning of the visit will be (address):	
	or and the other party will wait in the hame
f. During the exchanges, the party driving the children will wait in the ca (or exchange location) while the children go between the car and the	
g. Other (specify):	

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
5. Travel with children The Petitioner Respondent must have written permission from the other parent or party, or a court a. the state of California. b. the following counties (specify): c. other places (specify):	Other parent/party order, to take the children out of the following places:
6. Child abduction prevention. There is a risk that one of the parties will party's permission. I request the orders set out on attached form FL-31	
7. Children's holiday schedule. I request the holiday and vacation schedule.	dule set out below on form FL-341(C)
8. Additional custody provisions. I request the additional orders for cus	stody set out below on form FL-341(D)
9 Joint legal custody provisions. I request joint legal custody and want on form FL-341(E)	t the additional orders set out below
10. Other. I request the following additional orders (specify):	

I, _	, declare as follows:
1.	In my dissolution or paternity case,
	I am the Petitioner
	Or
	I am the Respondent
2.	This proceeding is to modify the current Custody and Visitation Order or Judgment dated:
	. A copy of this current Order or Judgment is Attachment "1".
3.	The other party and I are the parents of the following child(ren):
	Full name of the minor child(ren) Date of Birth Age
1.	I am the mother father.
5.	The child(ren) have lived primarily with that parent since
//	
//	
//	
//	
	1
DE	ELCARATION OF FACTS IN SUPPORT OF, OR IN REPONSE TO, MODIFICATION FO

1	6.	Since the last order, the following things about the custody or visitation order have changed a
2		lot:
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27	DE	ELCARATION OF FACTS IN SUPPORT OF, OR IN REPONSE TO, MODIFICATION FOR
28		CHILD CUSTODY AND/OR VISITATION ORDERS
	1	

	-	
1		The changes or modification of the orders that I am asking for would be in the best interest of
2		the minor child(ren) because:
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28	DE	LCARATION OF FACTS IN SUPPORT OF, OR IN REPONSE TO, MODIFICATION FOR CHILD CUSTODY AND/OR VISITATION ORDERS

1	8. 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	
5	
6 7	9. A monitor/supervisor is necessary for the following reasons:
8	
9	
10	
11	
12	(A) I request that shall serve as the visitation monitor for the
13	following reasons:
14	
15	
16 17	(B) I request that shall NOT serve as the visitation monitor
18	for the following reasons:
19	
20	
21	(C) I may cost that most have father now the fees for any professional monitor
22	(C) I request that mother father pay the fees for any professional monitor.
23	I declare under penalty of perjury under the laws of the State of California that the foregoing is
24	true and correct. Executed at, California on, 20
25	
26	Petitioner Respondent
27	DELCARATION OF FACTS IN SUPPORT OF, OR IN REPONSE TO, MODIFICATION FOR
28	CHILD CUSTODY AND/OR VISITATION ORDERS

There are (specify number): Full Name Date of birth Place of birth (city and state)	ATTOR	NEY OR PARTY WITH	IOUT ATTORNEY	STATE BAR	R NUMBER:		FOR COU	RT USE ONLY
STREET ADDRESS THE PROVINE NO. FAX NO.	NAME:							
ETHER SHORE NO: FAX NO: FAX N	FIRM N	AME:						
THE PRIVATE ROLE TO PROPERTY FOR PRIVATE PROPERTY FOR PROPERTY FOR PRIVATE PROPERTY FOR PROPERY	STREE	T ADDRESS:						
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS STREET ADDRESS (TTY MAD JP CODE: BERNACH AMME. (This section applies to cases other than probate guardianships.) PETITIONEET. (This section applies to cases other than probate guardianships.) PETITIONEET. (This section applies to cases other than probate guardianship cases.) GUARDIANSHIP OF (name): Minor DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one):	CITY:			STATE:	ZIP CODE:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STRETA DORSES MAILING ADDRESS OFFITTIONER: RESPONDENT: OTHER PARTY: CHILLU'S NAME (Juvenile cases only): (This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILLU'S NAME (Juvenile cases only): (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCC.JEA) 1. I am (check one): a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child be agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child be agency, which is a party to this proceeding to determine custody of a child be agency, which is a party to this proceeding to determine custody of a child be agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to the authorized representative of the agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to the agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to the party of the party	TELEPI	HONE NO.:		FAX NO.:				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles Mail MA ADDRESS (This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCC.JEA) 1. I am (check one): a party to this proceeding to determine custody of a child gency, which is a party to this proceeding to determine custody of a child provide to this power of the children listed to this proceeding, as follows (list oldest child first): Full Name Date of birth Place of birth (city and state) provide the current address of the child listed in filem 2 had be lived greater, white "FL-105, Attachment 2, Additional Children" at the lop, provide all requested information for each additional child, and attach to this form) Additional Children" at the lop, provide all requested information for each additional child, and attach to this form) 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 lop, provide all requested information for each additional child, and attach to this form) Check this box if you need to list more children in filem 2 and their residence in litem 2 had well ved together for the past five years. (Provide the current address of the child listed in filem 2 had van adprovide only the state of residence.) Dates of residence (Month/Year) Confidential (list state only) Confidential (list state only) Confidential (list state only) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.) Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)	EMAIL A	ADDRESS:						
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STREET ADDRESS. CITY AND ZIP CODE. BRANCH NAME. (This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: CHILD'S NAME (Juvenile cases only): (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): Minor					les			
CHILD'S resction applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases ority): (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one): a party to this proceeding to determine custody of a child gency, which is a party to this proceeding to determine custody of a child a. Full Name Date of birth Place of birth (city and state) a. b. c. d. 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 there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past five years. (Provide the current address of confidential under Family Code section 3429, check the box and provide only the state of residence.) Dates of residence (City, State) Confidential (list state only) From: To: From: To: From: To: Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.) Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach				3				
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: (OTHER PARTY: CHILD'S NAME (ulvernile cases only): (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one): a party to this proceeding to determine custody of a child agency, which is a party to this proceeding to determine custody of a child agency, which is a party to this proceeding, as follows (list oldest child first): Full Name Date of birth Place of birth (city and state) a. b. c. d. 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 there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child issted in item 2 and their residence history 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 Residence Residence Person child lived with and complete current address Confidential (list state only) Confidential (list state only) Confidential (list state only) From: To: From: To: From: To: From: To: Additional addresses are listed on Attachment 3a. (Form MC_020 may be used for this purpose.) Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach	MAILIN	IG ADDRESS:						
(This section applies to cases other than probate guardianships.) RESPONDENT: OTHER PARTY: OTHER PARTY: (CHILD'S NAME (ulverilie cases only):	CITY A	ND ZIP CODE:						
RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only): (This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) 1. I am (check one):	BF	ANCH NAME:						
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form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)	υ.							

Page 1 of 2

						FL	-105/GC-120
CASE NAME:					CASE NUMBER:		
	proceeding, in Ca	you participated as a par alifornia or elsewhere, co a copy of the orders if yo	ncerning a child	d subje	ct to this procee	ding?	er court case
Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Nam	e of each child	Your connection to the case	Case status
a. Family							
b. Probate Guardianship							
c. Other							
Proceeding		Case Number		Cou	ırt (name, state	or tribe, location	1)
d. Juvenile							
e. Adoption							
One or more dom		straining/protective orders	s are now in eff	ect. (A	ttach a copy of t	the orders if you	ı have one
Court	County	State or Tribe	Case	Numbe	er (if known)	Orders exp	oire <i>(date)</i>
a. Criminal							
b. Family							
c. Juvenile							
d. Other							
6. Do you know of any per or visitation with any ch		party to this proceeding			ody of or claims		to custody of
a. Name and address o	f person:	b. Name and address	s of person:		c. Name and	address of pers	on:
Has physical cust	•	Has physical co				sical custody	
Claims custody rig		Claims custody Claims visitatio	•			custody rights visitation rights	
Name of each child:		Name of each child:			Name of each	_	
. Number of pages	attached:	_					
declare under penalty of p	erjury under the	laws of the State of Califo	ornia that the fo	regoin	g is true and co	rrect.	
Date:							
/NAME (OF DECLARANT)				(SIGNATURE OF D	DECLARANT)	

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

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	4	
- Con represented		
SUPERIOR COURT OF CALIFORNIA, COUN STREET ADDRESS:	TY OF LOS Angeles	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
OTHER PART T/PARENT/CLAIMANT.		
INCOME AND EXP	PENSE DECLARATION	CASE NUMBER:
1 Employment (Give information on you	ur current job or, if you're unemployed, your	most recent ich)
a. Employer:	Treathern job or, if you're unemployed, your	most recent job.)
Allach copies h Employer's address:		
Or your pay	mher	
stubs for last two months d. Occupation:	nibor.	
(black out e. Date job started:		
Social f. If unemployed, date job	ah ended:	
Security g. I work about	hours per week.	
numbers). h. I get paid \$	gross (before taxes) per month	n per week per hour.
(If you have more than one job, attach a jobs. Write "Question 1—Other Jobs" a		t the same information as above for your other
2. Age and education		
a. My age is (specify):		
b. I have completed high school or th	e equivalent: Yes No	If no, highest grade completed (specify):
c. Number of years of college comple		btained (specify):
d. Number of years of graduate school		Degree(s) obtained (specify):
e. I have: professional/occup		Degree(3) obtained (Specify).
vocational training		
	(specify).	
3. Tax information		
a. I last filed taxes for tax year	· · · · · · · · · · · · · · · · · · ·	
b. My tax filing status is sin		narried, filing separately
married, filing jointly with (sp	ecify name):	
c. I file state tax returns in C	California other (specify state):	
d. I claim the following number of exe	emptions (including myself) on my taxes (spe	ecify):
4 Other narty's income Lestimate the	gross monthly income (before taxes) of the o	other party in this case at (specify): \$
This estimate is based on (explain):	gross monthly moonic (before taxes) of the c	other party in this case at (speeny).
(If you need more space to answer any question number before your answer.)	questions on this form, attach an 8 1/2-b Number of pages attached:	y-11-inch sheet of paper and write the
I declare under penalty of perjury under th any attachments is true and correct.	e laws of the State of California that the info	ormation contained on all pages of this form and
Date:		
	•	
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

	PETITIONER:	CASE NUMBER:	
	RESPONDENT:		
ОТ	HER PARTY/PARENT/CLAIMANT:		
	ch copies of your pay stubs for the last two months and proof of any other incom rn to the court hearing. (Black out your Social Security number on the pay stub a		federal tax
	ncome (For average monthly, add up all the income you received in each category in to and divide the total by 12.)	ne last 12 months Last month	Average
á	a. Salary or wages (gross, before taxes)	\$	monuny
k	o. Overtime (gross, before taxes)	\$	
(c. Commissions or bonuses	•	
(d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving	Φ.	_
f	'' -	estic partnership \$	
	g. Pension/retirement fund payments		_
	n. Social Security retirement (not SSI)		
i :	. Disability: Social Security (not SSI) State disability (SDI) P . Unemployment compensation	¢	
J	Workers' compensation		_
	. Other (military allowances, royalty payments) (specify):	\$	_
·			_
	nvestment income (Attach a schedule showing gross receipts less cash expenses for a. Dividends/interest		
	b. Rental property income	\$ 	
	c. Trust income		
	d. Other (specify):	\$	
ا 1	am the owner/sole proprietor business partner other (spenumber of years in this business (specify): Name of business (specify):	· · · · · · · · · · · · · · · · · · ·	_
-	Гуре of business <i>(specify):</i>		
	Attach a profit and loss statement for the last two years or a Schedule C from you Social Security number. If you have more than one business, provide the informa		
8. [Additional income. I received one-time money (lottery winnings, inheritance, etc. amount):) in the last 12 months (specify	source and
9. [Change in income. My financial situation has changed significantly over the last	12 months because (specify):	
10. [Deductions		Last month
á	a. Required union dues		S
k	p. Required retirement payments (not Social Security, FICA, 401(k), or IRA)		
(c. Medical, hospital, dental, and other health insurance premiums (total monthly amount	nt) ⁵	·
(d. Child support that I pay for children from other relationships		§
6	e. Spousal support that I pay by court order from a different marriage federally t	ax deductible*	
1	Partner support that I pay by court order from a different domestic partnership		
Ć	g. Necessary job-related expenses not reimbursed by my employer (attach explanation	labeled "Question 10g")	
11.	Assets		Total
á	a. Cash and checking accounts, savings, credit union, money market, and other depos b. Stocks, bonds, and other assets I could easily sell	it accounts	S
k	o. Stocks, bonds, and other assets I could easily sell		S
	c. All other property, real and personal <i>(estimate fair market value)</i>	e minus the debts you owe) ⁵	<u> </u>
	eck the box if the spousal support order or judgment was executed by the parties and the court be tains the spousal support payments as taxable income to the recipient and tax deductible to the parties.		rdered change

	PETITIONER:			CAS	SE NUMBER:	
	RESPONDENT:					
01	HER PARTY/PARENT/CLAIMANT:					
12. T	he following people live with me:					
١	Name	Age	How the person is related to me (ex: son)	That person		Pays some of the household expenses?
a						Yes No
b						Yes No
						Yes No
€).					Yes No
13. A	verage monthly expenses	Estimated	expenses Actual e	expenses	Propos	sed needs
a.	Home:				ıg	
	(1) Rent or mortga	ge \$				
	If mortgage:					
	(a) average principal: \$ (b) average interest: \$		-			\$
	(2) Real property taxes	4			transportation	\$
	(3) Homeowner's or renter's insuran		•		dent, etc.; do r	-
	(if not included above)				h insurance)	
	(4) Maintenance and repair	\$				\$
b.	Health-care costs not paid by insurar	nce \$			ons	
C.	Child care	9			sted in item 14 and insert tota	
d.	Groceries and household supplies	\$	q. Other (and moent tota	\$
e.	Eating out	\$	·			· · ·
f.	Utilities (gas, electric, water, trash)	9		_ EXPENSES ounts in a(1)((a-q) (do not	add in \$
g.	Telephone, cell phone, and e-mail	\$	<u> </u>			<u> </u>
			S. Allioui	it of expense	es paid by otl	iers
14. I n	stallment payments and debts not li	isted abov	/e			
F	Paid to	For		Amount	Balance	Date of last payment
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
15. A	ttorney fees (This information is requi	red if eithe	r party is requesting attorne	ev fees):		
	To date, I have paid my attorney this			-		
b						
C.	· - · · · · · · · · · · · · · · · · · ·	-	corney (specify total owed):	\$		
d	My attorney's hourly rate is (specify).	:				
conf	irm this fee arrangement.					
Date:						
_	(TYPE OR PRINT NAME OF ATTORNEY	")			(SIGNATURE OF	ATTORNEY)

	1 2 10
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

OTHERY ART IT ARENT/OLANGARY.		
CHILD SUPPORT INFORMATI		
(NOTE: Fill out this page only if your case invo	oives chila support.)	
16. Number of children		
a. I have (specify number): children under the ag	e of 18 with the other pare	nt 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 des	scribe your parenting sche	dule here.)
17. Children's health-care expenses		
a. I do I do not have health insurance available to me for the	he children through my job	
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 expense for the children in this case	Amount per mo	onth
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):	\$	
19. Special hardships. I ask the court to consider the following special financial circ (attach documentation of any item listed here, including court orders):	cumstances Amount per month	For how many months?
Extraordinary health expenses not included in 18b	\$	
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
(2) Names and ages of those children (specify):		
(2) Hamos and agos of those children (aposity).		
(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	(snecify):	
20. Said: information I want the court to know concerning support in my case	(Gpoony).	

ATT	ORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
-			
	TELEPHONE NO.: FAX NO. (Optional):		
E-MA	AIL ADDRESS (Optional):		
	attorney for (Name): Self-Represented		
SU	IPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE: BRANCH NAME:		
	PETITIONER/PLAINTIFF:	CASE NUMBER:	_
	TETHIOREIVI D'MATHT.	ONGE NOMBEN.	
RE	SPONDENT/DEFENDANT:		_
		(If applicable, provide)∶	
	OTHER PARENT/PARTY:	HEARING DATE:	
	PROOF OF SERVICE BY MAIL	HEARING TIME:	
		DEPT::	
NOT	ICE: To serve temporary restraining orders you must use personal serv	ice (see form FL-330).	
	am at least 18 years of age, not a party to this action, and I am a resident of place.	or employed in the county where the mailing took	
2. N	My residence or business address is:		
	•		
3 I	served a copy of the following documents (specify):		
	control of copy of the following decomposite (operating)		
b	by enclosing them in an envelope AND	o with the postage fully propoid	
e h	 depositing the sealed envelope with the United States Postal Service placing the envelope for collection and mailing on the date and at the 		
	business practices. I am readily familiar with this business's practice		
	mailing. On the same day that correspondence is placed for collection		
	business with the United States Postal Service in a sealed envelope		
4. T	The envelope was addressed and mailed as follows:		
	a. Name of person served:		
	o. Address:		
C			
C	d. Place of mailing (city and state):		
5.]। served a request to modify a child custody, visitation, or child support ju	udgment or permanent order which included an	
	address verification declaration. (Declaration Regarding Address Verification)	ntion—Postjudgment Request to Modify a Child	
	Custody, Visitation, or Child Support Order (form FL-334) may be used f	or this purpose.)	
٠.	deden under neuthorfordischen under H. J. 1910 Oct. 100 PK. 1910	Address Communication to American de	
6. I	declare under penalty of perjury under the laws of the State of California tha	t the foregoing is true and correct.	
Date	·		
ے مارت	·		
			_
	(TYPE OR PRINT NAME)	(SIGNATURE OF PERSON COMPLETING THIS FORM) Page 1 of	1

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:		FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:		CODE:	
TELEPHONE NO.: EMAIL ADDRESS:	FAX NO.:		
ATTORNEY FOR (name): Self-Represen	ited		
•			
SUPERIOR COURT OF CALIFORNIA, O STREET ADDRESS:	CONTY OF LOS Aligeles		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT/PARTY:			
DECLAPATION DECA	RDING ADDRESS VERIFIC	ATION	
	EST TO MODIFY A CHILD		CASE NUMBER:
	R CHILD SUPPORT ORDE		
VIOITATION, O	K OTHER GOTT ON TONDE		
	¬		
1. I am the attorney for	petitioner respondent	other parent	other party in this matter.
2. The request is to modify a	judgment or permanent orde	r only for child supp	ort and a local child support agency is
			port will be made on the other party by
			vided in Family Code sections 17404(e)(3)
and 17406(f).			. , , ,
	judgment or permanent orde		
	e other party's current residence <i>Proof of Personal Service</i> (form		ill service may not be used. The other party
must be personally served.	Proof of Personal Service (IoIIII	rt-550) may be used	ioi tilis purpose.
		I, I verified in the previ	ous 30 days that the other party's current
residence or office addre	ss is (specify):		
h I can confirm that the abo	we address is the other party's	current residence or	office address because (specify):
	•		before the request was served.
· , ,	_	_	·
` ,	the address listed in item 3a wit	•	·
	ldress that the other party provid led with the court on <i>(specify da</i>		ge of Address (form MC-040) or other
	address that the other party last me as a party in the case.	gave on a document fi	iled with the court in this case that was
(5) I sent the other	party a letter by mail to the add		receipt requested and the other party signed
	he letter at that address within t	ne past 30 days.	
(6) I confirmed by	another method <i>(specify):</i>		
Continue	d in Attachment 3b(6).		
I declare under penalty of perjury und	ler the laws of the State of Calif	ornia that the foregoin	g and all attachments are true and correct.
Date:			
		ĸ	
(TYPE OR PRINT N	AME)	(SIGNATUR	RE OF PERSON COMPLETING THIS FORM)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	

NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

- If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:
- 1. The local child support agency must be served not less than 30 days before the hearing date.
- 2. Attach a copy of this completed form to the proof of service by mail; and
- 3. File this original form at the court clerk's office.
- If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:
 - 1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
- 2. Attach a copy of this completed form to the proof of service by mail; and
- 3. File this original form at the court clerk's office.
- If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406	FOR COURT USE ONLY
(Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name): Self-Represented	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS Angeles	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	(If applicable, provide):
	HEARING DATE:
PROOF OF PERSONAL SERVICE	HEARING TIME:
	DEPT.:
1. I am at least 18 years old, not a party to this action, and not a protected person listed in	n any of the orders.
2. Person served (name):	
3. I served copies of the following documents (specify):	
o. Tactived copies of the following documents (specify).	
4. By personally delivering copies to the person served, as follows:	
a. Date: b. Time:	
c. Address:	
5. lam	
	tration under Business & Drafession
	tration under Business & Profession
ат атто д	` '
 an employee or independent contractor of a a California sheriff registered California process server. 	or marshal.
registered California process server.	
6. My name, address, and telephone number, and, if applicable, county of registration and	d number <i>(specify):</i>
7. I declare under penalty of perjury under the laws of the State of California that the	e foregoing is true and correct
	
8. I am a California sheriff or marshal and I certify that the foregoing is true and corr	rect.
Date:	
\	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNAL	ATURE OF PERSON WHO SERVED THE PAPERS)

STOP

DO NOT WRITE ON THE REST OF THE FORMS.

THEY ARE FOR THE OTHER PERSON!



ALTO

NO ESCRIBA EN EL RESTO DE LAS FORMAS. SON PARA LA <u>OTRA</u> <u>PERSONA</u>

PARTY W	/ITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUM	BER:	FOR COURT USE ONLY
NAME:				
FIRM NAM	ME:			
	ADDRESS:	07475	7/D 00DE:	
CITY:	WE NO	STATE: FAX NO.:	ZIP CODE:	
TELEPHO		FAX NU.:		
EMAIL AD				
	Self-Represented	INTV OF 1 A		
1	RIOR COURT OF CALIFORNIA, COL ADDRESS:	Los Angeles		
	ADDRESS:			
) ZIP CODE:			
	NCH NAME:			
	PETITIONER:			
	RESPONDENT:			
ОТНЕ	R PARENT/PARTY:			
	RESPONSIVE DECLA	RATION TO REQUES	T FOR ORDER	CASE NUMBER:
	HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	
		··· _ ·		
F	Read Information Sheet: Responsi	ve Declaration to Reques	t for Order (form FL-320-IN	IFO) for more information about this form.
1.	☐ RESTRAINING ORDER INFO	RMATION		
'. <u> </u>	No domestic violence rest		are now in effect between	the parties in this case.
b.				now in effect between the parties in this case.
			g. p	
<u>, </u>	☐ CHILD CUSTODY			
2	☐ VISITATION (PARENTING TI	ME)		
	I consent to the order requ	•	agal and physical sustady	Λ.
a.	I consent to the order requ	- '		<i>)</i> .
b.	 :	,-	- ,	1 visitation (parenting time)
C.	I do not consent to the ord	-	child custody	visitation (parenting time)
	but I consent to the	ioliowing order.		
	7 OUR D OUDDOOT			
3.	CHILD SUPPORT			
a.) or, if eligible, a current <i>Financial</i>
	Statement (Simplified) (form FL-		nsive declaration.	
b.	I consent to the order requ			
C.	I consent to guideline supp		annount to the fellows	and a m
d.	I do not consent to the ord	er requested but	consent to the following of	oraer:
4.	☐ SPOUSAL OR DOMESTIC PA	ARTNER SUPPORT		
			P Declaration (form EL -150)) to support my responsive declaration.
		•	, Dogardadir (101111 FL-130	, to support my responsive decidiation.
b.	I consent to the order requ			
C.	I do not consent to the orde	er requested but	consent to the following of	order:

PETITIONER:	CASE NUMBER:		
RESPONDENT:			
OTHER PARENT/PARTY:			
5. PROPERTY CONTROL			
a. I consent to the order requested.			
b. I do not consent to the order requested b	ut I consent to the following order:		
6. ATTORNEY'S FEES AND COSTS			
a. I have completed and filed a current <i>Income and Expense Declaration</i> (form <u>FL-150</u>) to support my responsive declaration.			
b. I have completed and filed with this form a Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158) or a			
declaration that addresses the factors covered in that for	orm.		
c. I consent to the order requested. d. I do not consent to the order requested	but I consent to the following order:		
u i do not consent to the order requested	but I consent to the following order.		
7. OTHER ORDERS REQUESTED			
a. I consent to the order requested.	The state of the fellowing and the		
b. I do not consent to the order requested	but I consent to the following order:		
8. TIME FOR SERVICE / TIME UNTIL HEARING			
a. I consent to the order requested.			
b. I do not consent to the order requested	but I consent to the following order:		
9. FACTS TO SUPPORT my responsive declaration ar	e listed below. The facts that I write and attach to this form cannot be		
longer than 10 pages, unless the court gives me per			
g pg, g g p			
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:	L		
	<u> </u>		
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)		

F	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
	-		
	TELEPHONE NO.: FAX NO. (Optional):		
E	-MAIL ADDRESS (Optional):		
	ATTORNEY FOR (Name): Self-Represented		
1	SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS Angeles		
	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE: BRANCH NAME:		
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
F	RESPONDENT/DEFENDANT:		
		(If applicable, provide):	
	OTHER PARENT/PARTY:	HEARING DATE:	
	PROOF OF SERVICE BY MAIL	HEARING TIME:	
		DEPT.:	
NC	OTICE: To serve temporary restraining orders you must use personal service (see fo	rm 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 place.	d in the county where the mailing took	
2.	My residence or business address is:		
	,		
3. I served a copy of the following documents (specify):			
	by enclosing them in an envelope AND		
	a. depositing the sealed envelope with the United States Postal Service with the	ostage fully prepaid.	
	b. placing the envelope for collection and mailing on the date and at the place sho		
	business practices. I am readily familiar with this business's practice for collecting		
	mailing. On the same day that correspondence is placed for collection and maili		se of
	business with the United States Postal Service in a sealed envelope with postag	e fully prepaid.	
4.	The envelope was addressed and mailed as follows:		
	a. Name of person served:		
	b. Address:		
	c. Date mailed:		
	d. Place of mailing (city and state):		
5.	I served a request to modify a child custody, visitation, or child support judgment or		
	address verification declaration. (Declaration Regarding Address Verification—Post		
	Custody, Visitation, or Child Support Order (form FL-334) may be used for this purp	ose.)	
6.	I declare under penalty of perjury under the laws of the State of California that the forego	ing is true and correct	
٥.	. access and of pondity of pondity and of the date of date of damothia that the lorege		
Da	ite:		
	(TYPE OR PRINT NAME) (SIGNAT	URE OF PERSON COMPLETING THIS FORM)	
	, (order		age 1 of 1