



SUPERIOR COURT OF STANISLAUS COUNTY

www.stanct.org

(209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11th Street Room #220 Modesto, CA 95353

(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

REQ FOR ORDER W/TEMPS

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to obtain a hearing.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, CA and on the following websites:

- ☛ **Stanislaus County Superior Court: www.stanislaus.courts.ca.gov**
- ☛ **Stanislaus County – Local Forms: www.stanislaus.courts.ca.gov/Forms.aspx**
- ☛ **Judicial Council's Self Help: www.courts.ca.gov/selfhelp.htm**
- ☛ **Judicial Council Forms: www.courts.ca.gov/formsrules.htm**
- ☛ **Stanislaus County Law Library: www.stanislauslawlibrary.org**
- ☛ **Free Interactive Electronic Forms Program: www.icandocs.org/ca/california.html**
- ☛ **California's Free Website for Legal Help: www.lawhelpcalifornia.org**
- ☛ **Law Libraries, Websites, or Self-Help Legal Books: www.courts.ca.gov/1091.htm**

TEMPORARY EMERGENCY REQUEST:

- **FL004 – Declaration RE: Notice Upon ExParte Application for Orders**
- **FL-300 - Request for Order**
- **FL-305 - Temporary Orders**
- **FL-311 - Child Custody and Visitation Application Attachment**
- **FL-330 - Proof of Personal Service**

If you are requesting Child Abduction Prevention Orders, then you **MUST** attach the following forms to FL-305 Temporary Orders. These forms are available at the clerk's office, Self Help Center or at the Judicial Council's Website:

www.courts.ca.gov/formsrules.htm.

- **FL-312 Request for Child Abduction Prevention Orders**
- **FL-341(B) Child Abduction Prevention Order Attachment**

NOTES:

If you are seeking orders regarding economic issues (example: child support or spousal support), you **MUST** file either an Income and Expense Declaration (**FL-150**) or a Financial

Statement (**FL-155**). The Income and Expense Declaration is included in this packet. If your only source of income is TANF, SSI, or GA/GR or if you have applied for TANF, SSI, or GA/GR, the Financial Statement is available upon request. Both forms are accessible on the Judicial Council website listed above. The Income and Expense Declaration can be typed directly from the website and the calculations will be computed for you.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: www.stanct.org.

Material distributed by the Superior Court Clerk's Office or Self Help Center **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY**. Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY**. You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the **Stanislaus County Bar Association** at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

NOTICE TO ALL PARTIES OF FAMILY LAW TENTATIVE RULINGS

- 1. THIS NOTICE MUST BE SERVED ON THE OTHER PARTY ALONG WITH THE NOTICE OF MOTION.**

- 2. THE COURT WILL ISSUE A TENTATIVE RULING ANNOUNCEMENT ON THE COURT DAY PRIOR TO THE SCHEDULED HEARING ON THE FOLLOWING TYPES OF MOTIONS:**
 - Motion to Compel Discovery
 - Motion to Withdraw as Attorney of Record/Counsel
 - Motion for Alternate Valuation Date
 - Motion to Set Aside Default/Judgment
 - Motion for Reconsideration of Order
 - Motion for Bifurcation of Marital Status/Economics Issues
 - Motion for Joinder of Parties
 - Motion to Amend Pleadings
 - Motion for Change of Venue
 - Motion for New Trial
 - Motion to Enforce Judgment
 - Motion to Award or Divide Omitted Assets or Debts
 - Motion to Modify Judgment
 - Any Motion specifically determined at Judge's discretion

- 3. RULINGS WILL BE POSTED IN THE FOLLOWING LOCATIONS BY 1:30 PM ON THE COURT DAY PRIOR TO THE HEARING:**
 - **INTERNET**: THE TENTATIVE RULING ANNOUNCEMENT WILL BE POSTED ON THE COURT'S WEBSITE AT THE FOLLOWING LINK: **www.stanct.org**.
 - **TELEPHONE**: TENTATIVE RULINGS ARE NOT AVAILABLE ON A TELEPHONIC RECORDING.
 - **CLERK'S OFFICE LOBBY**: CHECK THE POSTING IN THE CLERK'S OFFICE LOBBY.
 - **COURTROOM DOORS**: CHECK THE POSTING ON THE OUTER DOOR OF THE ASSIGNED COURTROOM (DEPARTMENT 11 13 14 OR 25).

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

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney’s fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing (form DV-130)*. See *How Do I Ask to Change or End a Domestic Violence Restraining Order (form DV-400-INFO)* for more information.

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

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, talk to an attorney, or get help at your court’s Self-Help Center or Family Law Facilitator’s Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
 - For a domestic violence restraining order, use forms [DV-100](#), [DV-109](#), and [DV-110](#).
 - For an order for contempt, use [form FL-410](#).
 - To cancel a child support order, use [form FL-360](#) or [form FL-640](#).
 - To cancel a voluntary declaration of parentage or paternity, use [form FL-280](#).

3 Forms checklist

- a. [Form FL-300, Request for Order](#), is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - [FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act](#)
 - [FL-311, Child Custody and Visitation \(Parenting Time\) Application Attachment](#)
 - [FL-312, Request for Child Abduction Prevention Orders](#)
 - [FL-341\(C\), Children’s Holiday Schedule Attachment](#)
 - [FL-341\(D\), Additional Provisions—Physical Custody Attachment](#)
 - [FL-341\(E\), Joint Legal Custody Attachment](#)
- c. If you want child support, you need:
 - A current [form FL-150, Income and Expense Declaration](#). You may use [form FL-155, Financial Statement \(Simplified\)](#), instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. If you want spousal or partner support or orders about your finances, you need:
 - A current [FL-150, Income and Expense Declaration](#)
 - [FL-157, Spousal or Partner Support Declaration Attachment](#) (if the request is to change a support judgment)
- e. If you want attorney’s fees and costs, you need:
 - A current [FL-150, Income and Expense Declaration](#)
 - [FL-319, Request for Attorney’s Fees and Costs Attachment](#) (or provide the information in a declaration)
 - [FL-158, Supporting Declaration for Attorney’s Fees and Costs Attachment](#) (or provide the information in a declaration)
- f. To request temporary emergency (ex parte) orders, you need:
 - [FL-305, Temporary Emergency Orders](#) to serve as the proposed temporary emergency orders.
 - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use [form FL-303, Declaration Regarding Notice and Service of Request for Temporary Emergency \(Ex Parte\) Orders](#).
 - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need:
 - [FL-321, Witness List](#)
- h. If you want to request a separate trial (bifurcation) on an issue, you need:
 - [FL-315, Request or Response to Request for Separate Trial](#)



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Caption: In the top box, print or type your name, address, telephone number, and email address if you have one. In the second box, put the court address. In the third box, write the name of the Petitioner, Respondent, and Other Parent/Party (if there is one). (You must use the party names as they appear in the petition that was originally filed with the court).

In the fourth box, check "CHANGE" if you want to change an existing order. Check "TEMPORARY EMERGENCY ORDERS" if you are asking the court to make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting. In the box on the right, write the case number.

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

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

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

Item 4-5: Leave these blank. The court will complete them if it orders a hearing.

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

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

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

Complete form FL-300 (pages 2-4)

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

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

7 File your documents

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

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

8 Pay filing fees

A fee is due at the time of filing.

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

9

Temporary Emergency (Ex Parte) Orders
(not domestic violence restraining orders)

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

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

To request these orders:

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

10

General information about “service”

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

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

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Serve the Request for Order and blank forms

The other party must be “served” with a:

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

12

Who can be a “server”

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

13

“Personal Service”

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

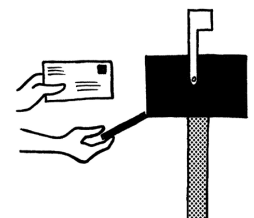


Note: Sometimes the papers may be personally served on the other party’s lawyer (if he or she has one) in the family law case.

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“Service by mail”

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



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

Important! If you have questions about personal service or service by mail, talk to a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/selfhelp-courtresources.htm>.



Information Sheet for Request for Order (Family Law)

- Find a lawyer through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtsources.htm>.

18 Do you have questions or need help?

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

17 After the hearing, the order made on form FL-340, Findings and Order After Hearing, must be filed and served.

16 Get ready for your hearing

<p>Personal Service Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you must use personal service when the court: You must use personal service when the court:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ordered personal service; <input checked="" type="checkbox"/> Granted temporary emergency orders; <input checked="" type="checkbox"/> Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously: • Been served with a <i>Summons</i> and <i>Petition</i>; • Appeared in the case by filing a: <ul style="list-style-type: none"> a. <i>Response</i> to a <i>Petition</i>; b. <i>Appearance, Stipulations, and Waivers</i>; c. Written notice of appearance; d. Request to strike all or part of the <i>Petition</i>; or e. Request to transfer the case. <p>*Note: A <i>Request for Order</i> may be served at the same time as the family law <i>Summons</i> and <i>Petition</i>.</p> <p>1. After serving, the server must fill out a <i>Proof of Personal Service</i> (form FL-330) and give it to you. If the server needs instructions, the <i>Information Sheet for Proof of Personal Service</i> (form FL-330-INFO) can be provided.</p> <p>2. Take the completed <i>Proof of Personal Service</i> form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.</p> <p>Deadline: Unless the court orders a different time, service by mail must be completed at least 16 court days PLUS 5 calendar days before the hearing date (if service is in California). Other time lines apply for service outside of California.</p>	<p>Service by Mail If you are not required to use personal service, you may use service by mail.</p> <p>Important! Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.</p> <p>A <i>Request for Order</i> to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The documents do not include temporary emergency orders; <input checked="" type="checkbox"/> The court did not order personal service; and <input checked="" type="checkbox"/> You have verified the other party's current home or office address. (You may use <i>Declaration Regarding Address Verification</i> (form FL-334).) <p>To change a judgment or final order on any other issue, including spousal or domestic partner support, the <i>Request for Order</i> may need to be personally served on the other party.</p> <p>1. After serving, the server must fill out a <i>Proof of Service by Mail</i> (form FL-335) and give it to you. If the server needs instructions, the <i>Information Sheet for Proof of Service by Mail</i> (form FL-335-INFO) can be provided.</p> <p>2. Take the completed <i>Proof of Personal Service</i> form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.</p> <p>Deadline: Unless the court orders a different time, service by mail must be completed at least 16 court days PLUS 5 calendar days before the hearing date (if service is in California). Other time lines apply for service outside of California.</p>
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15 When to use personal service or service by mail

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE)	<i>FOR COURT USE ONLY</i>
Attorney for:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Civil Clerk's Office: 1100 I Street, P.O. Box 1098, Modesto, CA 95353	
Petitioner/Plaintiff: Respondent/Defendant:	
DECLARATION RE: NOTICE UPON EX PARTE APPLICATION FOR ORDERS	Case Number:

I, the undersigned, declare:

1. I am: (1) counsel for petitioner/plaintiff respondent/defendant
(2) unrepresented petitioner/plaintiff unrepresented respondent/defendant
(3) other (explain): _____
2. The opposing party is represented by counsel: YES NO Unknown. If you checked yes, fill in attorney's name, address, and telephone number: _____
3. The parties in this have **not** been involved in **another** Family, Domestic Violence (family or criminal), Probate, or Juvenile Court case. **The parties have been involved in another Family, Domestic Violence (family or criminal), Probate or Juvenile case as listed below:**

<u>Case No. /County where filed:</u>	<u>Was a Restraining Order Issued?</u>	<u>Type of Case:</u>	<u>Names of Parties in case:</u>

4. I have given 24 hour notice of this ex parte application yes no (skip #5, 6 and complete #7 below). Pursuant to Local Rule 7.14, a copy of these pleadings were given to: _____
By: personal delivery overnight mail or other overnight carrier
 fax transmission other (explain): _____
Date and time of notice: _____, 20____, at _____ a.m./p.m.
5. A written response is attached, or I have received the following oral response: _____

6. **Unless a written response is attached, I understand the Court will not consider my request until the Expiration of the 24 hour period.**
7. I have **not** given notice of the present application for ex parte orders because:
 - A. Notice would frustrate the purpose of the orders sought.
 - B. Applicant would suffer immediate and irreparable harm before the court orders could issue.
 - C. No significant burden or inconvenience to the responding party will result.
 - D. The orders requested are those permitted without notice by Local Rule 7.15.
 - E. I made reasonable, good faith efforts to give notice, as follows: _____
 - F. Other: _____

You **must** explain why you checked 7a, b, c, d, or e: _____

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct, at _____, California, this _____ day of _____, 20____, at _____ a.m./p.m.

Signature of Declarant: _____

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

NOTICE OF HEARING

1. TO (name(s)): _____
 Petitioner Respondent Other Parent/Party Other (specify):

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

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

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

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

- 4. Time for service until the hearing is shortened. Service must be on or before (date):
- 5. A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
- 6. The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
- 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

REQUEST FOR ORDER

Attachment 2d.

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

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

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

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

Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
 Form FL-341(D) Form FL-341(E) Other (specify): _____

b. The orders I request for child custody visitation (parenting time) are: _____ Attachment 2a.

Child's Name _____ Date of Birth _____
 a. I request that the court make orders about the following children (specify):
 Legal Custody to (person who _____ decides: health, education, etc):
 Physical Custody to (person _____ with whom child lives):

2. CHILD CUSTODY VISITATION (PARENTING TIME)
 I request temporary emergency orders

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

The orders are from the following court or courts (specify county and state): _____
 Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)
 One or more domestic violence restraining/protective orders are now in effect between (specify): _____

RESTRAINING ORDER INFORMATION

Note: Place a mark in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment 2a" 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.)

REQUEST FOR ORDER

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. CHILD SUPPORT

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

a. I request that the court order child support as follows:

Child's name and age

I request support for each child based on the child support guideline.

Monthly amount (\$) requested (if not by guideline)

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):

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.

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 end the current support order filed on (date):
The court ordered \$ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (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 make, change, or end the support orders because (specify): Attachment 4e.

5. PROPERTY CONTROL

I request temporary emergency orders

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: _____	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.

REQUEST FOR ORDER



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.)

(SIGNATURE OF APPLICANT)

(TYPE OR PRINT NAME)

Date:

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.

10. 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 10.

9. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need: 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. I need the order because (specify): Attachment 9c.

8. OTHER ORDERS REQUESTED (specify): Attachment 8.

d. I want the court to change or end the orders because (specify): Attachment 7d.

a. The Restraining Order After Hearing (form DV-130) was filed on (date): I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in Restraining Order After Hearing (form DV-130). (If you want to change the orders, complete 7c.) I request that the court make the following changes to the restraining orders (specify): Attachment 7c.

• Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFQ, How Do I Ask for a Temporary Restraining Order, for forms and information you need to ask for domestic violence restraining orders.
• Read form DV-400-INFQ, How to Change or End a Domestic Violence Restraining Order for more information.

7. DOMESTIC VIOLENCE ORDER

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.

6. ATTORNEY'S FEES AND COSTS

PETITIONER: _____ OTHER PARENT/PARTY: _____
RESPONDENT: _____
CASE NUMBER: _____

SHORT TITLE: 	CASE NUMBER:
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ATTACHMENT (Number) : _____
(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ **of** _____
(Add pages as required)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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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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 or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4) Even though there are allegations, I ask that the court make the child custody orders in item 1a. *(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)*
 Below: Attachment 1b. Other (specify):

2. **Visitation (Parenting Time).**

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

- a. Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b. See the attached _____ -page document dated (specify date):
- c. The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d. No visitation (parenting time).

**CHILD CUSTODY AND VISITATION (PARENTING TIME)
APPLICATION ATTACHMENT**

CASE NUMBER:	PETITIONER: RESPONDENT: OTHER PARENT/PARTY:
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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):**

1st 2nd 3rd 4th 5th weekend of the month
 (Note: The first weekend of the month is the first weekend with a Saturday.)

from _____ at _____ a.m. / p.m. / If applicable, specify: start of school after school
 to _____ at _____ a.m. / p.m. / If applicable, specify: start of school after school

(a) The parties will alternate the fifth weekends, with the petitioner respondent

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

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

from _____ at _____ a.m. / p.m. / If applicable, specify: start of school after school
 to _____ at _____ a.m. / p.m. / If applicable, specify: start of school after school

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

from _____ at _____ a.m. / p.m. / If applicable, specify: start of school after school
 to _____ at _____ a.m. / p.m. / If applicable, specify: start of school after school

(4) Other visitation (parenting time) days and restrictions are: _____ listed in Attachment 2e(4) as follows:

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

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

(1) I ask that petitioner respondent other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

(a) Domestic violence, child abuse, or neglect.

(b) Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(c) Other parenting concerns (specify below):

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

(a) Below in Attachment 3a(2) Other (specify):

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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 or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.
 - (ii) The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.
 - (iii) The provider's phone number is *(specify)*:
 - (b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
 other parent/party: _____ percent.

b. **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

- (1) Petitioner Respondent Other parent/party _____ is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party _____ is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to *(specify)*: Petitioner Respondent Other parent/party
- (4) The reasons why the court should make the orders are *(specify)*:
(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)
 Below: in Attachment 3b. Other *(specify)*:

(5) *The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.*

4. **Transportation for visitation (parenting time) and place of exchange.**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- b. Transportation **to** begin the visits will be provided by *(name)*:
- c. Transportation **from** the visits will be provided by *(name)*:
- d. The exchange point at the beginning of the visit will be *(address)*:
- e. The exchange point at the end of the visit will be *(address)*:
- 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)*:

**CHILD CUSTODY AND VISITATION (PARENTING TIME)
 APPLICATION ATTACHMENT**

10. **Other.** I request the following additional orders (*specify*):
9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out below on form FL-341(E)
8. **Additional custody provisions.** I request the additional orders for custody set out below on form FL-341(D)
7. **Children's holiday schedule.** I request the holiday and vacation schedule set out below on form FL-341(C)
6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form **FL-312**.
5. **Travel with children.** The Petitioner Respondent Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a. the state of California.
 - b. the following counties (*specify*):
 - c. other places (*specify*):

CASE NUMBER:	PETITIONER: RESPONDENT: OTHER PARENT/PARTY:
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ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
WITNESS LIST	CASE NUMBER(S):

Attachment to Request for Order (FL-300) Responsive Declaration (FL-320) Other *(specify)*:

Petitioner Respondent Other intends to call the following witnesses to testify at the time of hearing or trial scheduled on *(date)*:

Name	Subject and Brief Description of Testimony

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus STREET ADDRESS: 1100 I Street MAILING ADDRESS: P.O. Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	
CASE NUMBER:	

1. **TO (name(s)):** _____
 Petitioner Respondent Other Parent/Party Other (specify):

A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

a. Date:	Time:	Dept.:	Room:
b. Address of court	<input type="checkbox"/> same as noted above	<input checked="" type="checkbox"/> other (specify): 800 11th Street, Modesto, CA 95353	

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial.

COURT ORDERS: The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order:

3. **CHILD CUSTODY**

	<u>Temporary physical custody, care, and control to:</u>			
a. <u>Child's name</u>	<u>Date of Birth</u>	Petitioner	Respondent	Other Party/Parent
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 3(a)

b. **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

See Attachment 3(b)

THIS IS A COURT ORDER.

TEMPORARY EMERGENCY (EX PARTE) ORDERS

THIS IS A COURT ORDER.

JUDGE OF THE SUPERIOR COURT

Date:

- 6. **OTHER ORDERS** (specify): Additional orders are listed in Attachment 6.
- 5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
- b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

- 4. **PROPERTY CONTROL**
 - a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent
 - (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**
 - (3) **Country of habitual residence:** The country of habitual residence of the child or children is (specify): The United States of America Other (specify):
 - (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
 - (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
 - d. **Child abduction prevention orders** are attached (see form FL-341(B)).

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

3. **CHILD CUSTODY (continued)**

CASE NUMBER:	PETITIONER: RESPONDENT: OTHER PARENT/PARTY:
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PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

2. **Age and education**

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

3. **Tax information**

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

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

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

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

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

INCOME AND EXPENSE DECLARATION

* 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.

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

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

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

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

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.

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):

- 6. Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- a. Dividends/interest \$
 - b. Rental property income \$
 - c. Trust income \$
 - d. Other (specify): \$

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

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.)

Average monthly Last month

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

	OTHER PARTY/PARENT/CLAIMANT:
	RESPONDENT:
CASE NUMBER:	PETITIONER:

INCOME AND EXPENSE DECLARATION

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

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

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

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

c. (1) Expenses for my minor children who are from other relationships and are living with me \$

b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$

a. Extraordinary health expenses not included in 18b \$

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

d. Children's educational or other special needs (specify below): \$

c. Travel expenses for visitation \$

b. Children's health care not covered by insurance \$

a. Child care so I can work or get job training \$

18. **Additional expenses for the children in this case**
Amount per month

d. The monthly cost for the children's health insurance is or would be (specify): \$

(Do not include the amount your employer pays.)

a. Child care so I can work or get job training \$

b. Children's health care not covered by insurance \$

c. Travel expenses for visitation \$

d. Children's educational or other special needs (specify below): \$

17. **Children's health-care expenses**
a. I do not have health insurance available to me for the children through my job.
b. Name of insurance company:
c. Address of insurance company:

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

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

CHILD SUPPORT INFORMATION

	OTHER PARTY/PARENT/CLAIMANT: RESPONDENT: PETITIONER:
CASE NUMBER:	

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
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)*:
3. I served copies of the following documents *(specify)*:

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

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

5. I am

a. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	e. <input type="checkbox"/> a California sheriff or marshal.
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	

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

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

Date:

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

▶

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents:

(1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box.

Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.

2. Print the name of the party to whom you handed the documents.

3. List the name of each document that you delivered to the party.

4. a. Write in the date that you delivered the documents to the party.

b. Write in the time of day that you delivered the documents to the party.

c. Print the address where you delivered the documents.

5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."

6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.

7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.

8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.



SUPERIOR COURT OF STANISLAUS COUNTY

www.stanislaus.courts.ca.gov (209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11th Street Room #220 Modesto, CA 95353
(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

STOP

The following forms need to be served on the other party **BLANK**.

Responsive Declaration to Request for Order

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to respond to a Request for Order.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, CA and on the following websites:

- ☛ Stanislaus County Superior Court: www.stanislaus.courts.ca.gov
- ☛ Stanislaus County – Local Forms: www.stanislaus.courts.ca.gov/Forms.aspx
- ☛ Judicial Council's Self Help: www.courts.ca.gov/selfhelp.htm
- ☛ Judicial Council Forms: www.courts.ca.gov/formsrules.htm
- ☛ Stanislaus County Law Library: www.stanislauslawlibrary.org
- ☛ Free Interactive Electronic Forms Program: www.icandocs.org/ca/california.html
- ☛ California's Free Website for Legal Help: www.lawhelpcalifornia.org
- ☛ Law Libraries, Websites, or Self-Help Legal Books: www.courts.ca.gov/1091.htm

REQUIRED FORMS:

- FL-320 – Responsive Declaration to Request for Order
- FL-335 – Proof of Service by Mail
- FL – 321 – Witness List (If you intend to call a witness)

NOTES: If you are responding to orders regarding economic issues (example: child support or spousal support), you **MUST** file either an Income and Expense Declaration (**FL-150**) or a Financial Statement (**FL-155**). These forms are available on the Judicial Council's website at: www.courts.ca.gov/formsrules.htm, at the clerk's office or at the Self Help Center. The Income and Expense Declaration can be typed directly from the website and the calculations will be computed for you.

SERVICE: The other party must be served with copies of all documents except for confidential documents (example: fee waiver). The person who serves the other party with the forms must complete, date and sign the Proof of Service by Mail.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: www.stancf.org.

Material distributed by the Superior Court Clerk's Office or Self Help Center **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY.** Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY.** You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the **Stanislaus County Bar Association** at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

NOTICE TO ALL PARTIES OF FAMILY LAW TENTATIVE RULINGS

- 1. THIS NOTICE MUST BE SERVED ON THE OTHER PARTY ALONG WITH THE NOTICE OF MOTION.**

- 2. THE COURT WILL ISSUE A TENTATIVE RULING ANNOUNCEMENT ON THE COURT DAY PRIOR TO THE SCHEDULED HEARING ON THE FOLLOWING TYPES OF MOTIONS:**
 - Motion to Compel Discovery
 - Motion to Withdraw as Attorney of Record/Counsel
 - Motion for Alternate Valuation Date
 - Motion to Set Aside Default/Judgment
 - Motion for Reconsideration of Order
 - Motion for Bifurcation of Marital Status/Economics Issues
 - Motion for Joinder of Parties
 - Motion to Amend Pleadings
 - Motion for Change of Venue
 - Motion for New Trial
 - Motion to Enforce Judgment
 - Motion to Award or Divide Omitted Assets or Debts
 - Motion to Modify Judgment
 - Any Motion specifically determined at Judge's discretion

- 3. RULINGS WILL BE POSTED IN THE FOLLOWING LOCATIONS BY 1:30 PM ON THE COURT DAY PRIOR TO THE HEARING:**
 - **INTERNET:** THE TENTATIVE RULING ANNOUNCEMENT WILL BE POSTED ON THE COURT'S WEBSITE AT THE FOLLOWING LINK: **www.stanct.org**.
 - **TELEPHONE:** TENTATIVE RULINGS ARE NOT AVAILABLE ON A TELEPHONIC RECORDING.
 - **CLERK'S OFFICE LOBBY:** CHECK THE POSTING IN THE CLERK'S OFFICE LOBBY.
 - **COURTROOM DOORS:** CHECK THE POSTING ON THE OUTER DOOR OF THE ASSIGNED COURTROOM (DEPARTMENT 11 13 14 OR 25).

- 1 **If you received a *Request for Order* (form FL-300),**
- Carefully read the papers you received to make sure you understand what orders are being requested.
 - Note the date, time, and location of the court hearing.
 - Check to see if the court ordered a specific date for filing and serving your *Responsive Declaration to Request for Order* (form FL-320).
 - If you need more time before the hearing to prepare a responsive declaration or talk with a lawyer, you may ask the court to continue the hearing date. For more information, consult with a lawyer or contact the Family Law Facilitator or Self-Help Center in your court (see item 16).

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

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

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

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* (form FL-300) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* (form DV-100). Instead, you must use *Response to Request for Domestic Restraining Order* (form DV-120).

4 **Forms checklist**

- a. Form FL-320, *Responsive Declaration to Request for Order* is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
- b. For child custody or visitation (parenting time) orders, you may need to complete some of these forms:
- FL-105, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
 - FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*
 - FL-312, *Request for Child Abduction Prevention Orders*
 - FL-341(C), *Children’s Holiday Schedule Attachment*
 - FL-341(D), *Additional Provisions—Physical Custody Attachment*
 - FL-341(E), *Joint Legal Custody Attachment*
- c. For child support, you need:
- A current form FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- Notice:*
- The court will order child support based on the income of the parents.
 - Child support normally continues until the child is 18 years and has graduated from high school.
 - You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
- d. For spousal or domestic partner support or orders about your finances, you need these forms:
- FL-150, *Income and Expense Declaration*
 - FL-157, *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- e. For attorney’s fees and costs, you need these forms:
- FL-150, *Income and Expense Declaration*
 - FL-158, *Supporting Declaration for Attorney’s Fees and Costs* (or provide the information in a declaration)
 - FL-319, *Request for Attorney’s Fees and Costs Attachment* (or provide the information in a declaration)
- f. If you plan on having witnesses testify at the hearing, you need this form:
- FL-321, *Witness List*



10 How to “serve”

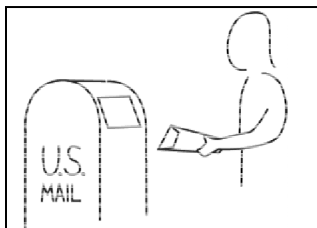
Server. You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

Personal service.

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

**Service by mail.**

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

**11 Deadline for service**

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

12 Server must complete a *Proof of Service*

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

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

13 File the *Proof of Service* before your hearing date

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

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

14 Participate in child custody mediation or child custody recommending counseling

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

15 Get ready for your hearing

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

16 Still have questions or need help?

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

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	
HEARING DATE: TIME: DEPARTMENT OR ROOM:	CASE NUMBER:

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

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

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

3. **CHILD SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* or, if eligible, a current *Financial Statement (Simplified) (form FL-155)* to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I consent to guideline support.
 - d. I do not consent to the order requested but I consent to the following order:

4. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I do not consent to the order requested but I consent to the following order:

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

(SIGNATURE OF DECLARANT)

(TYPE OR PRINT NAME)



Date:

is true and correct.

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

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

9. 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:

8. OTHER ORDERS REQUESTED
a. I consent to the order requested.
b. I do not consent to the order requested.
 but I consent to the following order:

7. DOMESTIC VIOLENCE ORDER
a. I consent to the order requested.
b. I do not consent to the order requested.
 but I consent to the following order:

6. ATTORNEY'S FEES AND COSTS
a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) 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 form.
c. I consent to the order requested.
d. I do not consent to the order requested.
 but I consent to the following order:

5. PROPERTY CONTROL
a. I consent to the order requested.
b. I do not consent to the order requested.
 but I consent to the following order:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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SHORT TITLE: 	CASE NUMBER:
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ATTACHMENT (Number) : _____
(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____
(Add pages as required)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
WITNESS LIST	CASE NUMBER(S):

Attachment to Request for Order (FL-300) Responsive Declaration (FL-320) Other (*specify*):

Petitioner Respondent Other intends to call the following witnesses to testify
 at the time of hearing or trial scheduled on (*date*):

Name	Subject and Brief Description of Testimony

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i>: _____</p> <p>E-MAIL ADDRESS <i>(Optional)</i>: _____</p> <p>ATTORNEY FOR <i>(Name)</i>: _____</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: _____ <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF SERVICE BY MAIL	

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

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

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 postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage 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 permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*
 6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(SIGNATURE OF PERSON COMPLETING THIS FORM)

(TYPE OR PRINT NAME)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents:

(1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being

personally served. The person who serves the documents must complete a proof of service form for the documents

being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the

documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box.

Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use

the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents

you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that

you either live in or are employed in the county where the mailing took place.

2. Print your home or business address.

3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).

a. Check this box if you put the documents in the regular U.S. mail.

b. Check this box if you put the documents in the mail at your place of employment.

4. a. Print the name you put on the envelope containing the documents.

b. Print the address you put on the envelope containing the documents.

c. Print the date that you put the envelope containing the documents in the mail.

d. Print the city and state you were in when you mailed the envelope containing the documents.

5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to

change a child custody, visitation, or child support order).

6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.



ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
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)*:
3. I served copies of the following documents *(specify)*:

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

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

5. I am

a. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	e. <input type="checkbox"/> a California sheriff or marshal.
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	

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

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

Date:

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

▶

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents:

(1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.

2. Print the name of the party to whom you handed the documents.

3. List the name of each document that you delivered to the party.

4. a. Write in the date that you delivered the documents to the party.

b. Write in the time of day that you delivered the documents to the party.

c. Print the address where you delivered the documents.

5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."

6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.

7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.

8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.