



# SUPERIOR COURT OF STANISLAUS COUNTY

[www.stanislaus.courts.ca.gov](http://www.stanislaus.courts.ca.gov) (209) 530-3100

Street Address: 1100 I Street Modesto, CA 9553

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

Self Help Center: 800 11<sup>th</sup> Street Room #220 Modesto, CA 95353

(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

## REQ FOR ORDER W/O TEMP

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 13<sup>th</sup> Street, Modesto, CA and on the following websites:

- ☛ Stanislaus County Superior Court: [www.stanislaus.courts.ca.gov](http://www.stanislaus.courts.ca.gov)
- ☛ Stanislaus County – Local Forms: [www.stanislaus.courts.ca.gov/Forms.aspx?id=](http://www.stanislaus.courts.ca.gov/Forms.aspx?id=)
- ☛ Judicial Council's Self Help: [www.courts.ca.gov/selfhelp.htm](http://www.courts.ca.gov/selfhelp.htm)
- ☛ Judicial Council Forms: [www.courts.ca.gov/formsrules.htm](http://www.courts.ca.gov/formsrules.htm)
- ☛ Stanislaus County Law Library: [www.stanislauslawlibrary.org](http://www.stanislauslawlibrary.org)
- ☛ Free Interactive Electronic Forms Program: [www.icandocs.org/ca/california.html](http://www.icandocs.org/ca/california.html) California's Free Website for Legal Help:
- ☛ [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)

Law Libraries, Websites, or Self-Help Legal Books: [www.courts.ca.gov/1091.htm](http://www.courts.ca.gov/1091.htm)  
GENERAL REQUEST:

- FL-300 - Request for Order
- FL-311 – Child Custody and Visitation Application Attachment
- FL-330 – Proof of Personal Service
- FL-335 - Proof of Service by Mail
- FL-334 - Declaration Regarding Address Verification (needed if you intend to modify a child custody, visitation or child support order)

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](http://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.stancourt.org](http://www.stancourt.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](http://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**

- 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:
- 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](#)
- 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.
- 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)
- 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)
- 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.
- If you plan to have witnesses testify at the hearing, you need:
  - [FL-321, Witness List](#)
- 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. 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.

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

**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.*

**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.

**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.

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**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.

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**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).

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**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.

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**“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.

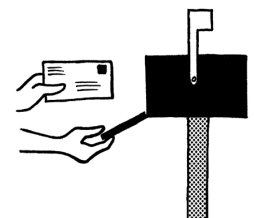


Note: Sometimes the papers may be personally served on the other party’s lawyer (if he or she has one) in the family law case.

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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>.



- 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><b>Personal Service</b>                  Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you <b>must</b> use personal service. You <b>must</b> use personal service when the court:  <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>;                  OR                  • Appeared in the case by filing a:                  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.                  *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.                  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><b>Deadline:</b> Unless the court orders a different time, service by mail must be completed at least <b>16 court days PLUS 5 calendar days</b> before the hearing date (if service is in California). Other time lines apply for service outside of California.</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.                  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><b>Deadline:</b> Unless the court orders a different time, service by mail must be completed at least <b>16 court days PLUS 5 calendar days</b> before the hearing date (if service is in California). Other time lines apply for service outside of California.</p>
<p><b>Service by Mail</b>                  If you are not required to use personal service, you may use service by mail.  <b>Important!</b> Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.                  A <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:  <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).)                  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.                  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><b>Deadline:</b> The deadline for personal service is <b>16 court days</b> before the hearing date, unless the court orders a different deadline.</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.                  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><b>Deadline:</b> The deadline for personal service is <b>16 court days</b> before the hearing date, unless the court orders a different deadline.</p>

**15 When to use personal service or service by mail**



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): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus</b> 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:	
<b>REQUEST FOR ORDER</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>TEMPORARY EMERGENCY ORDERS</b> <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 checked="" type="checkbox"/> other (specify): <b>800 11th Street, Modesto, CA 95353</b>			

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): **PARTIES ARE ORDERED TO COMPLETE THE MANDATORY ONLINE ORIENTATION AT WWW.STANCT.ORG. YOU MUST COMPLETE THE ONLINE ORIENTATION PRIOR TO YOUR SCHEDULED HEARING.**
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).  (1)  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:  (1)  Specified in the attached forms:  Attachment 2a.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Legal Custody to (person who \_\_\_\_\_ decides: health, education, etc): \_\_\_\_\_ Physical Custody to (person \_\_\_\_\_ with whom child lives):

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

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):

1.  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." 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:
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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 Monthly amount (\$) requested  
based on the child support guideline. (if not by guideline)

b.  I want to change a current court order for child support filed on (date):

[Attachment 3a.](#)

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 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](http://www.courts.ca.gov/forms) for Request for Accommodations by Persons With Disabilities and Response (form MC-410). (Civ. Code, § 54.8.)

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

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:  
a.  To serve the Request for Order no less than (number): court days before the hearing.  
b.  The hearing date and service of the Request for Order to be sooner.  
c.  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.](#)

c.  I request that the court make the following changes to the restraining orders (specify): [Attachment 7c.](#)  
a. The Restraining Order After Hearing (form DV-130) was filed on (date):  
b. 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.)

• Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, 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-INFO, How to Change or End a Domestic Violence Restraining Order for more information.

7.  DOMESTIC VIOLENCE ORDER  
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 I request attorney's fees and costs, which total (specify amount): \$ . I filed the following to support my request:

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

CASE NUMBER:

ATTACHMENT (Number): \_\_\_\_\_  
(This Attachment may be used with any Judicial Council form.)

Lined area for writing the attachment content.

(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

(2) The reasons why the court should make the orders are (specify):
Below in Attachment 3a(2) Other (specify):
Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.:

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):

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

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

to at (day of week) (time)
start of school after school
start of school after school

from at (day of week) (time)
start of school after school
start of school after school

(3) Weekdays starting (date):

to at (day of week) (time)
start of school after school
start of school after school

from at (day of week) (time)
start of school after school
start of school after school

(2) Alternate weekends starting (date):

(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.

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

to at (day of week) (time)
start of school after school
start of school after school

from at (day of week) (time)
start of school after school
start of school after school

(Note: The first weekend of the month is the first weekend with a Saturday.)

(1) Weekends starting (date):

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:

Table with 2 columns: OTHER PARENT/PARTY, RESPONDENT, PETITIONER and CASE NUMBER.



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> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus</b> 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: _____	
<b>WITNESS LIST</b>	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, State Bar number, and address):       TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus</b> 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:	
<b>DECLARATION REGARDING ADDRESS VERIFICATION—                  POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY,                  VISITATION, OR CHILD SUPPORT ORDER</b>	CASE NUMBER: _____

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 order only for child support and a local child support agency is providing services in the case.** Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).
3.  **The request is to modify a judgment or permanent orders for child custody, visitation, or child support.**  
 Note: 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.
  - a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current current residence or office address is (*specify*):
  - b. I can confirm that the above address is the other party's **current residence or office address** because (*specify*):
    - (1)  I contacted the other party directly within the past 30 days and he or she gave me the above address.
    - (2)  I have been at that address in connection with a custody and visitation or other matter within the past 30 days.
    - (3)  It is the new address that the other party provided on *Notice of Change of Address* (form MC-040) or other pleading and filed with the court on (*specify date*):
    - (4)  It is the office address that he or she last gave on a document filed with the court in this case which was also served on me as a party in the case.
    - (5)  I sent the other party a letter by mail to the address in (2) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.
    - (6)  I confirmed by another method (*specify*):  
 Continued in Attachment 3b(6).

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

Date: \_\_\_\_\_

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

DECLARATION REGARDING ADDRESS VERIFICATION—  
POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY,  
VISITATION, OR CHILD SUPPORT ORDER

- 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 order 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.

**NOTICE AND SERVICE INFORMATION**

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

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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> 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:	
<b>INCOME AND EXPENSE DECLARATION</b>	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.
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(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:
CASE NUMBER:	PETITIONER:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> 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.:
<b>PROOF OF SERVICE BY MAIL</b>	

**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**



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

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

6. You are stating under penalty of perjury that the information you have provided is true and correct. change a child custody, visitation, or child support order).
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to d. Print the city and state you were in when you mailed the envelope containing the documents. c. Print the date that you put the envelope containing the documents in the mail. b. Print the address you put on the envelope containing the documents. a. Print the name you put on the envelope containing the documents.
4. Check this box if you put the documents in the mail at your place of employment. a. Check this box if you put the documents in the regular U.S. mail.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
2. Print your home or business address.
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.

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

*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.

**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.

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.**

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

**INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL**

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> : _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> 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.:
<b>PROOF OF PERSONAL SERVICE</b>	

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

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

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](http://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 11<sup>th</sup> 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 13<sup>th</sup> Street, Modesto, CA and on the following websites:

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

- [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.
- 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\*](#)
- 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.
- 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)
- 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)
- If you plan on having witnesses testify at the hearing, you need this form:
  - [FL-321, \*Witness List\*](#)



To respond to a Request for Order, you must: Complete the top portion including your name, address, and telephone number, the court address, the name of all the parties in the case, and the case number. Also, print or type the same hearing date, time, and department that appears on the Request for Order (form FL-300).

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

6 Specify a response to orders requested

Items 1-9: Each item on the form matches the item numbers on the Request for Order (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. Note: you may file one form FL-150 to respond to items 3, 4, and 6.

Item 10: Use the space to explain your responses to items 1-9. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (Attached Declaration (form MC-031) may be used for this purpose).

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

Next steps: file or serve your paperwork You must file your paperwork with the court clerk at least 9 court days before the hearing. If the court orders a shorter time to file your papers, file them by the date specified in the order. Make 2 copies of your original paperwork. Then, do one of the following before the filing deadline:

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

8 Pay filing fees Generally, you do not have to pay a fee to file the Responsive Declaration. However, if you have never filed any papers in the case, you may have to pay a "first appearance fee," which, in general, everyone has to pay when filing court papers in a case for the first time. If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file form FW-001, Request to Waive Court Fees and form FW-003, Order on Court Fee Waiver.

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

FL-320 FOR COURT USE ONLY

NAME STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NO. ATTORNEY FOR (NAME) SUPERIOR COURT OF CALIFORNIA, COUNTY OF	PETITIONER: RESPONDENT: OTHER PARTY(PARTY):	DEPARTMENT OR ROOM HEARING DATE TIME RESPONSE DECLARATION TO REQUEST FOR ORDER	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. I agree that one or more 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 (PARTYING 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-150) 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: \_\_\_\_\_

Page 1 of 2  
 CHIEF CLERK, SUPERIOR COURT OF CALIFORNIA, COUNTY OF \_\_\_\_\_  
 FL-320 (Rev. 11/15)

**10 How to “serve”**

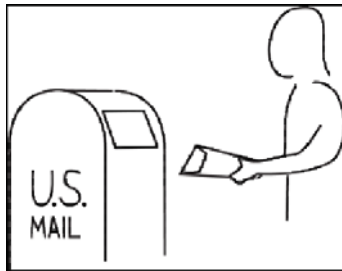
**Server.** You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

**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](http://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.htm/>.
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at [calbar.ca.gov](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 [lawhelpcalifornia.org](http://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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus</b> 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:	
<b>RESPONSIVE DECLARATION TO REQUEST FOR ORDER</b>	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

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

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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 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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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> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus</b> 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: _____	
<b>WITNESS LIST</b>	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>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> 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.: _____
<b>PROOF OF SERVICE BY MAIL</b>	

**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.*

