

## REQUEST FOR ORDER: CHILD SUPPORT

### SELF-HELP FORM PACKET



SHC-RFO-01 (Rev.09/01/2024)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to [www.occourts.org/self-help](http://www.occourts.org/self-help) (click the button labeled *Contact Self-Help Services*), attach the PDF, and complete the online request form. For cases involving the Dept. of Child Support Services, Make sure to select CHILD SUPPORT CASES INVOLVING THE DEPARTMENT OF CHILD SUPPORT SERVICES as the case type on the form. For all other cases, select FAMILY LAW as the case type.

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[www.occourts.org/self-help](http://www.occourts.org/self-help)

**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 [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*



**4 Complete form FL-300 (Page 1)**

**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.

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

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

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

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

**5 Complete form FL-300 (pages 2–4)**

**6 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.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):		STATE BAR NO.: STATE: FAX NO.: ZIP CODE:	<b>FL-300</b> FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:			
REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control		<input type="checkbox"/> CHANGE <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Other (specify):	TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Attorney's Fees and Costs 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:	Dept.:	Room:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a Responsive Declaration to Request for Order (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)  
(Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

4.  Time  for service  until the hearing is shortened. Service must be on or before (date):

5.  A Responsive Declaration to Request for Order (form FL-320) must be served on or before (date):

6.  The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):

7.  The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this proceeding and must be personally served with all documents filed with this Request for Order.

8.  Other (specify):

Date: \_\_\_\_\_ JUDICIAL OFFICER: \_\_\_\_\_ Page 1 of 4

Form Adopted for Mandatory Use  
 Judicial Council of California  
 FL-300 (Rev. July 1, 2018) **REQUEST FOR ORDER** Family Code, §§ 2040, 2101, 8224,  
 4750; Rules of Court, 4.100, 4.101,  
 Government Code, § 26102  
 Cal. Rules of Court, rule 5.52  
 www.courts.ca.gov

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

**7 File your documents**

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

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

**8 Pay filing fees**

A fee is due at the time of filing. If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing [form FW-001, Request to Waive Court Fees](#) and [form FW-003, Order on Court Fee Waiver](#).



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

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

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

To request these orders:

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

**12 Who can be a “server”**

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

**13 “Personal Service”**

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



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

**10 General information about “service”**

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

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

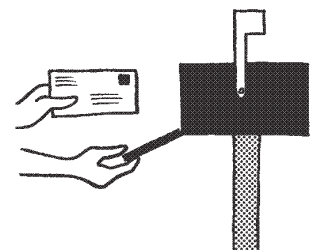
**11 Serve the Request for Order and blank forms**

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).

**14 “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 older 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>.



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

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you **must** use personal service.

You **must** use personal service when the court:

- Ordered personal service;
- Granted temporary emergency orders;
- 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 *Summons* and *Petition*;<sup>\*</sup>

OR

  - Appeared in the case by filing a:
    - a. *Response to a Petition*;
    - b. *Appearance, Stipulations, and Waivers*;
    - c. Written notice of appearance;
    - d. Request to strike all or part of the *Petition*; or
    - e. Request to transfer the case.

<sup>\*</sup>Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* ([form FL-330](#)) and give it to you. If the server needs instructions, the [Information Sheet for Proof of Personal Service \(form FL-330-INFO\)](#) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

**Deadline:** The deadline for personal service is **16 court days** before the hearing date, unless the court orders a different deadline.

**Service by Mail**

If you are not required to use personal service, you may use service by mail.

**Important!** Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A *Request for Order* 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:

- The documents do not include temporary emergency orders;
- The court did not order personal service; and
- You have verified the other party's current home or office address. (You may use *Declaration Regarding Address Verification* ([form FL-334](#)).

To change a judgment or final order on any other issue, including spousal or domestic partner support, the *Request for Order* may need to be personally served on the other party.

1. After serving, the server must fill out a *Proof of Service by Mail* ([form FL-335](#)) and give it to you. If the server needs instructions, the [Information Sheet for Proof of Service by Mail \(form FL-335-INFO\)](#) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

**Deadline:** Unless the court orders a different time, service by mail must be completed at least **16 court days PLUS 5 calendar days** before the hearing date (if service is in California). Other time lines apply for service outside of California.

**16 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 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.

**18 Do you have questions or need help?**

- 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-courtresources.htm>.



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 ORANGE</b> STREET ADDRESS: 341 THE CITY DRIVE SOUTH MAILING ADDRESS: _____ CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
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 checked="" 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:	Dept.:	Room.:
b. Address of court	<input type="checkbox"/> same as noted above	<input type="checkbox"/> other (specify): _____	

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)  
 (Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

4.  Time  for service  until the hearing is shortened. Service must be on or before (date): \_\_\_\_\_
5.  A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date): \_\_\_\_\_
6.  The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): \_\_\_\_\_
7.  The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8.  Other (specify): \_\_\_\_\_

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

\_\_\_\_\_  
JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**REQUEST FOR ORDER**

**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.)

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

2.  **CHILD CUSTODY**  I request temporary emergency orders  
 **VISITATION (PARENTING TIME)**
- a. I request that the court make orders about the following children *(specify)*:
- |                     |                      |   |  |
|---------------------|----------------------|---|--|
| <u>Child's Name</u> | <u>Date of Birth</u> | <input type="checkbox"/> <u>Legal Custody to</u> <i>(person who decides: health, education, etc):</i> | <input type="checkbox"/> <u>Physical Custody to</u> <i>(person with whom child lives):</i> |
|---------------------|----------------------|---|--|

- b.  The orders I request for  child custody  visitation (parenting time) are:  [Attachment 2a.](#)
- (1)  Specified in the attached forms:  
 [Form FL-305](#)     [Form FL-311](#)     [Form FL-312](#)     [Form FL-341\(C\)](#)  
 [Form FL-341\(D\)](#)     [Form FL-341\(E\)](#)     Other *(specify)*:
- (2)  As follows *(specify)*:  [Attachment 2b.](#)

- c. The orders that I request are in the best interest of the children because *(specify)*:  [Attachment 2c.](#)

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

[Attachment 2d.](#)

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:

<u>Child's name and age</u>	<input type="checkbox"/> I request support for each child	<u>Monthly amount (\$) requested</u>
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.



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

7.  DOMESTIC VIOLENCE ORDER

- 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.

- 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.)
- c.  I request that the court make the following changes to the restraining orders (specify):  [Attachment 7c.](#)
- d. I want the court to change or end the orders because (specify):  [Attachment 7d.](#)

8.  OTHER ORDERS REQUESTED (specify):  [Attachment 8.](#)

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 the *Request for Order* to be sooner.
  - c. I need the order because (specify):  [Attachment 9c.](#)

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.](#)

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

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

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)



**Requests for Accommodations**

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**EARNING CAPACITY FACTORS ATTACHMENT**

**Attachment to:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Child Support Information and Order Attachment (form FL-342)</b><br><input checked="" type="checkbox"/> <b>Request for Order (form FL-300)</b><br><input type="checkbox"/> <b>Judgment Regarding Parental Obligations (form FL-630)</b><br><input type="checkbox"/> <b>Notice of Motion (form FL-680)</b> | <input type="checkbox"/> <b>Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (form FL-600)</b><br><input type="checkbox"/> <b>Declaration for Amended Proposed Judgment (form FL-616)</b><br><input type="checkbox"/> <b>Other (specify):</b> |
|---|---|

This form is intended to be used for considering the earning capacity of one party. Attach a separate form FL-302 for each party whose earning capacity needs to be considered.

**1. Earning capacity factors for (enter name of party):** **under Family Code section 4058(b).**

a.  **Attachment to judgment or court order (to be completed by court only).**  
 The court determines that  petitioner  respondent  other parent/party has the capacity to earn \$ \_\_\_\_\_ per month. This determination is in the best interests of the children, taking into consideration their overall welfare and developmental needs, and the time that parent spends with the children. The factors the court considered are listed below in item 2.

b.  **Attachment to request (to be completed by party).**  
 Petitioner  Respondent  Other parent/party request the court determine that the  petitioner  respondent  other parent/party has the capacity to earn \$ \_\_\_\_\_ per month.  
 This request is in the best interests of the children, taking into consideration their overall welfare and developmental needs, and the time that parent spends with the children. The factors that the court is being asked to consider are listed below in item 2.

*(If this form is attached to a request or declaration that is made under penalty of perjury, all statements in this attachment are made under penalty of perjury.)*

**2. Specific circumstances.**

The specific circumstances of the parent that demonstrate why the parent has the capacity to earn the amount listed in item 1 are (specify all that apply):

a.  The parent's assets (describe):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. b.  The parent's residence (*describe*):

c.  The parent's employment and earnings history (*describe*):

d.  The parent's job skills (*describe*):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. e.  The parent's education (*check all that apply*):

- (1)  Parent completed high school or the equivalent.
- (2)  Parent attended college.
  - (a) Number of years of college completed (*specify*):
  - (b) Degree obtained, if any (*specify*):
- (3)  Parent attended graduate school.
  - (a) Number of years of college completed (*specify*):
  - (b) Degree obtained, if any (*specify*):
- (4)  Parent has a professional or occupational license (*specify*):
- (5)  Parent has vocational training (*specify*):
- (6)  Other (*describe*):

f.  The parent's ability to read and write (*check all that apply*):

- (1)  Parent is unable to  read  write.
- (2)  Parent is able to  read  write in English.
- (3)  Parent is able to  read  write in another language (*specify*):
- (4)  Other (*describe*):

g.  The parent's age (*describe*):

h.  The parent's health (*describe*):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. i.  The parent's employment barriers due to incarceration (*describe*):

j.  The parent's other employment barriers (*describe*):

k.  The parent's record of seeking work (*describe*):

l.  The local job market (*describe*):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. m.  The availability of employers willing to hire the parent (*describe*):

n.  The average earnings in the local community (*describe*):

o.  Other relevant background factors affecting the parent's ability to earn (*describe*):

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name and Address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____  E-MAIL ADDRESS (Optional): _____  ATTORNEY FOR (Name): _____ BAR NO.: _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> JUSTICE CENTER: <input type="checkbox"/> Central – 700 Civic Center Drive West, Santa Ana, CA 92701-4045 <input checked="" type="checkbox"/> Lamoreaux – 341 The City Drive South, Orange, CA 92868-3205	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
<b>DECLARATION IN SUPPORT OF MODIFICATION OF CHILD SUPPORT</b>	CASE NUMBER: _____

I am requesting a modification of child support based upon the following change of circumstance since the last order for child support was entered:

1.  **Job loss and current unemployment**  
 I lost my job on: \_\_\_\_\_. I was:  laid off  terminated  Other: \_\_\_\_\_.  
 I have been looking for work since I lost my job.  A list of my job contacts is attached or will be provided at the hearing.  I am receiving unemployment benefits and ask that the court base my child support on my unemployment benefits.  I am not eligible for unemployment benefits and I ask that the court reduce my child support to zero until I find employment.
  
2.  **Change of employment and decrease in earnings**
  - a.  I am no longer working for the same employer as I was when the last order was made. I have not worked there since \_\_\_\_\_. The reason I am not working there is because \_\_\_\_\_.  
 I currently work at \_\_\_\_\_. My occupation is \_\_\_\_\_.  
 I earn \$ \_\_\_\_\_ per hour and usually work \_\_\_\_\_ hours per week. My average gross monthly income is \$ \_\_\_\_\_.  
 This is a decrease in my gross monthly earnings of \$ \_\_\_\_\_ from the time of the last order.  I tried to find work at my previous rate of pay but was unable to.
  - b.  I am still employed at the same place I was when the last order was made, but my earnings have decreased. I now earn \$ \_\_\_\_\_ per hour and usually work \_\_\_\_\_ hours per week. This is a decrease in my gross monthly earnings of \$ \_\_\_\_\_. My earnings decreased because \_\_\_\_\_.
  
3.  **Change in child custody and/or timeshare with children in this case**
  - a.  I now have  primary custody  substantial increased timeshare with the children in this case. The children are now with me as follows: \_\_\_\_\_.  
 \_\_\_\_\_.  
 Timeshare is estimated to be: \_\_\_\_\_% to me and \_\_\_\_\_% to the other parent. Timeshare was calculated by  Family Court Services  the court  me.
  - b.  My child, \_\_\_\_\_, is now emancipated as a result of  attaining the age 18 and not in high school  attaining the age 19  married  in the military  judicial decree. I request that support for that child be terminated.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4.  **Disability and decrease in earnings and/or loss of income**

I am currently disabled. My disability began on \_\_\_\_\_ and consists of the following medical/psychological problems: \_\_\_\_\_.

I will be disabled until \_\_\_\_\_.  I have attached a Verification of Disability from my treating doctor.

**(Select one)**

a.  I do not receive disability benefits at this time but I have applied for benefits. I expect to receive disability benefits from the  state government  federal government  private insurance  Other: \_\_\_\_\_. I expect to start receiving benefits on or about \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ monthly. Until I start to receive these benefits, I ask the court to reduce my child support to zero.

b.  I do not expect to receive disability benefits in the future because: \_\_\_\_\_.

I ask the court to reduce my child support to zero.

c.  I receive disability benefits from  state government  federal government  private policy. The amount I receive monthly is \$ \_\_\_\_\_.  From this disability income the sum of \$ \_\_\_\_\_ is deducted for child support every month. I ask that child support be suspended and/or reduced during the period of my disability.  I request any derivative benefits due my children from Social Security as a result of my disability be offset against my child support order entered, pursuant to Family Code section 4504.

d.  I receive SSI/SSP benefits and have received SSI/SSP benefits since \_\_\_\_\_. Thus, child support should be set at zero for so long as I continue to receive these benefits.

5.  **Change in income or ability to earn of the other parent**

Since the last order for child support was made, the other parent:

- a.  has become employed, earning \$ \_\_\_\_\_ per hour, working \_\_\_\_\_ hours per week.
- b.  has received an increase in earnings and now earns \$ \_\_\_\_\_ per month.
- c.  now has the ability to obtain employment and earn at least \$ \_\_\_\_\_ per month.

6.  **Financial hardship**

Since the last order was made, I have sustained the following financial hardship(s):

- a.  **Statutory hardship –**
  - 1.  Expenses of natural or adopted children in the home (FC § 4071(a)(2)). I provide support for the following natural or adopted minor children who reside in my home: \_\_\_\_\_.
  - 2.  Extraordinary health expenses and uninsured catastrophic losses (FC § 4071(a)(1)): \_\_\_\_\_.
- b.  **Low income adjustment** - I request that the court order a low income adjustment in this case because I net less than \$1,500 per month, taking into consideration all allowable deductions and hardships.
- c.  **Court discretion** - I request that the court use its discretion and deviate from the guideline amount because application of the guideline formula would be unjust or inappropriate due to the special circumstances in my case. The facts supporting the special circumstances in my case are: \_\_\_\_\_.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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7.  **Recent release from incarceration and decrease in earnings and/or current unemployment**

I was released from incarceration on \_\_\_\_\_. I was incarcerated from \_\_\_\_\_ to \_\_\_\_\_.  I am currently unemployed as a result of my incarceration and am actively looking for work. A list of my job contacts is attached or will be provided at the hearing. I have no current income. I am asking the court to reduce my child support to zero until I find employment. I am willing to return to court for review hearings as necessary.  I am in a recovery program called \_\_\_\_\_ and have been there since \_\_\_\_\_. The program requirements are \_\_\_\_\_. I am not allowed to work for the first \_\_\_\_\_ weeks/months. Thereafter I can work as follows: \_\_\_\_\_.

I have attached verification of my enrollment and participation in this program. I am asking the court to reduce my child support to zero until I find employment. I am willing to return to court for review hearings as necessary.

8.  **Other change of circumstance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. **I request child support be modified and set at zero for any full calendar months in which the parent ordered to pay support is incarcerated or receiving SSI, and has no other assets or income. For all other periods, I request current support remain in effect until modified by court order.**

10. **Other information I want the court to know concerning child support in my case that supports my request as set forth above:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

\_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

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</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: 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)



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

**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.)

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

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

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

**7. Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

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

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

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

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

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

**10. Deductions**

	Last month
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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

**11. Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**     Estimated expenses     Actual expenses     Proposed needs

- |  |  |
|--|--|
| a. Home:<br>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____<br>If mortgage:<br>(a) average principal:   \$ _____<br>(b) average interest:    \$ _____<br>(2) Real property taxes..... \$ _____<br>(3) Homeowner's or renter's insurance<br>(if not included above)..... \$ _____<br>(4) Maintenance and repair..... \$ _____<br>b. Health-care costs not paid by insurance..... \$ _____<br>c. Child care..... \$ _____<br>d. Groceries and household supplies..... \$ _____<br>e. Eating out..... \$ _____<br>f. Utilities (gas, electric, water, trash)..... \$ _____<br>g. Telephone, cell phone, and e-mail..... \$ _____ | h. Laundry and cleaning..... \$ _____<br>i. Clothes..... \$ _____<br>j. Education..... \$ _____<br>k. Entertainment, gifts, and vacation..... \$ _____<br>l. Auto expenses and transportation<br>(insurance, gas, repairs, bus, etc.)..... \$ _____<br>m. Insurance (life, accident, etc.; do not include<br>auto, home, or health insurance)..... \$ _____<br>n. Savings and investments..... \$ _____<br>o. Charitable contributions..... \$ _____<br>p. Monthly payments listed in item 14<br>(itemize below in 14 and insert total here)... \$ _____<br>q. Other (specify): \$ _____<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____ |
|--|--|

**14. Installment payments and debts not listed above**

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

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

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

I confirm this fee arrangement.

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

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

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

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <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 ORANGE</b> STREET ADDRESS: 341 THE CITY DRIVE SOUTH MAILING ADDRESS: CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
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 OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 (Name, State Bar number, and address):  <hr/>  TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> STREET ADDRESS: 341 THE CITY DRIVE SOUTH MAILING ADDRESS: CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
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):  
 Served copies of the following documents (specify):  
 Request for Order (form FL-300), Declaration in Support of Modification of Child Support (form L-1400),  
 Witness List (form FL-321), completed and blank Income and Expense Declaration (form FL-150),  
 Earning Capacity Factors Attachment (FL-302), and Blank Responsive Declaration (form FL-320)
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.*

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  <hr style="width: 10%; margin-left: 0;"/>  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 ORANGE</b> STREET ADDRESS: <b>341 THE CITY DRIVE SOUTH</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>ORANGE, CA 92868</b> BRANCH NAME: <b>LAMOREAUX JUSTICE CENTER</b>	
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)*:

Request for Order (form FL-300), Declaration in Support of Modification of Child Support (form L-1400), Witness List (form FL-321), completed and blank Income and Expense Declaration (form FL-150), Earning Capacity Factors Attachment (FL-302), and Blank Responsive Declaration (form FL-320)

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:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

## 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.*



**DO NOT write on the following blank forms!**

These blank forms must be served on the Other Party so that the Other Party may respond to this action. These blank forms must accompany a conformed (stamped) copy of all the forms that you prepared and filed today.

\*\*\*\*\*

**NO escriba en los siguientes formularios en blanco!**

Estos formularios en blanco deben ser entregadas a la Otra Parte para que la Otra Parte podrá responder a esta acción. Estos formularios en blanco deberán acompañar una copia conforme (sellada) de todas las formas que ha preparado y archivado hoy.



**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 caption of the form**

**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).

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

**7 Next steps: file or serve your paperwork**

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

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO: NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO: _____ FAX NO. (OPTIONAL): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (NAME): _____		FL-320 FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		CASE NUMBER: _____
RESPONSIVE DECLARATION TO REQUEST FOR ORDER		
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.

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

Form Adopted for Mandatory Use  
 Judicial Council of California  
 FL-320 (Rev. July 1, 2016)
**RESPONSIVE DECLARATION TO REQUEST FOR ORDER**
Page 1 of 2  
 Code of Civil Procedure, § 1002  
 Cal. Rules of Court, rule 6.02  
 www.courtinfo.ca.gov

**8 Pay filing fees**

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

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

**9 Serve your papers on the other party**

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





**10 How to “serve”**

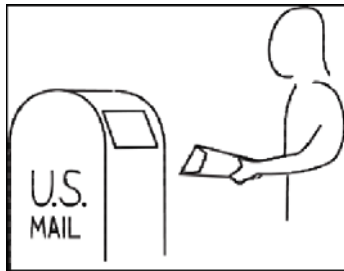
**Server.** You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

**Personal service.**

Your papers may be served by “personal service.” “Personal service” means that your “server” walks up to each person to be served, makes sure 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 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 Orange</b> STREET ADDRESS: 341 The City Drive South MAILING ADDRESS: CITY AND ZIP CODE: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>RESPONSIVE DECLARATION TO REQUEST FOR ORDER</b>	
HEARING DATE: TIME: DEPARTMENT OR ROOM:	
CASE NUMBER:	

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

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



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

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:

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:

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:

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:

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.](#)

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

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME)



\_\_\_\_\_ (SIGNATURE OF DECLARANT)

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</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: 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)  per month  per week  per hour.

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

2. **Age and education**

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

3. **Tax information**

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

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

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

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

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

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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

**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.)

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

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

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

**7. Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

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

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

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

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

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

**10. Deductions**

	Last month
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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

**11. Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**     Estimated expenses     Actual expenses     Proposed needs

- |  |  |
|--|--|
| a. Home:<br>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____<br>If mortgage:<br>(a) average principal:    \$ _____<br>(b) average interest:     \$ _____<br>(2) Real property taxes..... \$ _____<br>(3) Homeowner's or renter's insurance<br>(if not included above)..... \$ _____<br>(4) Maintenance and repair..... \$ _____<br>b. Health-care costs not paid by insurance..... \$ _____<br>c. Child care..... \$ _____<br>d. Groceries and household supplies..... \$ _____<br>e. Eating out..... \$ _____<br>f. Utilities (gas, electric, water, trash)..... \$ _____<br>g. Telephone, cell phone, and e-mail..... \$ _____ | h. Laundry and cleaning..... \$ _____<br>i. Clothes..... \$ _____<br>j. Education..... \$ _____<br>k. Entertainment, gifts, and vacation..... \$ _____<br>l. Auto expenses and transportation<br>(insurance, gas, repairs, bus, etc.)..... \$ _____<br>m. Insurance (life, accident, etc.; do not include<br>auto, home, or health insurance)..... \$ _____<br>n. Savings and investments..... \$ _____<br>o. Charitable contributions..... \$ _____<br>p. Monthly payments listed in item 14<br>(itemize below in 14 and insert total here)... \$ _____<br>q. Other (specify): \$ _____<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____ |
|--|--|

**14. Installment payments and debts not listed above**

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

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

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

I confirm this fee arrangement.

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

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

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

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
  
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  <hr style="width:10%; margin-left:0;"/>  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 ORANGE</b> STREET ADDRESS: <b>341 THE CITY DRIVE SOUTH</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>ORANGE, CA 92868</b> BRANCH NAME: <b>LAMOREAUX JUSTICE CENTER</b>	
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:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)



\_\_\_\_\_  
 (SIGNATURE OF PERSON COMPLETING THIS FORM)