

**REQUEST FOR ORDER *INSTRUCTIONS***  
**SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN**

**HELPFUL WEBSITES**

[www.courts.ca.gov](http://www.courts.ca.gov) - State Court - forms, Self Help, etc.

[www.kern.courts.ca.gov](http://www.kern.courts.ca.gov) - Kern Court Website

[www.kclawlib.org](http://www.kclawlib.org) – Kern County Law Library

[www.findlaw.com](http://www.findlaw.com) – Case Law

[www.leginfo.ca.gov](http://www.leginfo.ca.gov) - Legislation/Codes

[www.accesslaw.com](http://www.accesslaw.com) – Forms, Cases, Codes

[www.kernbar.org](http://www.kernbar.org) – Local Bar Association

[www.calbar.ca.gov](http://www.calbar.ca.gov) – California Bar Association

1. **What is a Request for Order (RFO)?**

The *Request for Order (FL-300)* is a form you complete to ask for orders and a hearing. It has the same meaning as motion or notice of motion.

You must have an existing open court case or you must open a new court case in order to file a RFO. If there is an existing case with the Local Child Support Agency **and** there is a child support judgment, you can file the RFO in that case.

**NOTE:** If you file in an existing case, use the case title and party designations in that case. If you are the Respondent in the existing case, you are the Respondent on the RFO, etc.

2. **If I do not have an existing open court case, you may:**

a) If you are married to the other parent, you can file a Petition for Dissolution of Marriage, Legal Separation, Nullity or Petition for Custody and Support (separate handouts).

b) If you are not married to the other parent, you can file a Petition to Establish Parental Relationship (Paternity), or Petition for Custody and Support (separate handouts).

3. **Is there a fee to file a RFO?**

Yes. When you file the Petitions mentioned above, there is a one-time first-appearance fee. Each time you file a RFO there is a hearing fee. Please see the court's fee schedule at [www.kern.courts.ca.gov/forms/documents](http://www.kern.courts.ca.gov/forms/documents)> Fees> Kern County Fee Schedule. If you cannot afford the fees, ask for a Fee Waiver Packet.

4. **What types of orders can I ask for with a RFO?**

You can ask for almost any type of order at any stage of the case. The most common RFO's are for custody, visitation, child and spousal support, property orders.

5. **How long does it take to get a hearing?**

The Clerk in the Family Law Division sets the hearing date. Typically, hearings are set 30-45 days from the date of filing.

If you need a hearing sooner than 30-45 days, then you may request an Order Shortening Time or an Ex Parte Hearing. Extra non-waivable fees, forms and procedures are required. Please ask for the separate handout for OST and Ex Parte Hearings.

6. **Do I need more documents than the RFO (FL-300):**

Probably Yes. Each item on the FL-300 has a space to write your reasons for the request. Each item must be supported by your declaration. You can use Item #10 on the FL-300 to write your declaration.

Your declaration must state facts, based on your personal knowledge, sufficient to notify the other party of your contentions in support of your request. The statements in the declaration must be admissible in evidence (Cal. Rules of Court, Rule 5.11(b)(2)) **and** the statement must be in the **proper format**.

**Proper Format:** Your declaration cannot be longer than 10 pages, double spaced in 12 point font - Courier, Times New Roman, Arial, or legibly hand written or printed, on white pleading paper or approved Judicial Council forms, **on one side of the paper only**, in black or blue-black ink, and in English (Cal. Rules of Court, Rule 2.100).

**Forms:** Below is a listing of common forms you may need. *You determine which forms and attachments you will need.*

**All Judicial Council forms are available from the Family Law Clerk, Family Law Facilitator, or online at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms).**

**Custody and visitation:**

<p><b><u>Mandatory forms:</u></b> Request for Order, FL-300</p> <p>Declaration Under UCCJEA, FL-105</p> <p>Proof of Personal Service, FL-330</p> <p><i>blank</i> Responsive Declaration, FL-320</p>	<p><b><u>Optional forms:</u></b> Child Custody and Visitation Attachment, FL-311</p> <p>Request for Child Abduction Prevention, FL-312</p> <p>Holiday Schedule, FL-341(C)</p> <p>Additional Provisions – Physical Custody Attachment, FL-341(D)</p> <p>Joint Legal Custody Attachment, FL-341(E)</p> <p>Witness List, FL-321</p> <p>Proof of Service by Mail, FL-335</p> <p>Declaration Regarding Address Verification-Postjudgment, FL-334</p>
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**For more information on custody and visitation definitions see attached Custody and Parenting Time (Visitation) handout or go to [www.courts.ca.gov/selfhelp/families&children/custody&parentingtime\(visitation\)](http://www.courts.ca.gov/selfhelp/families&children/custody&parentingtime(visitation)).**

**Child/Spousal Support forms list:** Spousal support is only available if the parties were married.

<p><b>Mandatory forms:</b> Request for Order, FL-300</p> <p><i>for child support</i> - Financial Statement Simplified, FL-155 or Income and Expense Declaration, FL-150</p> <p><i>for spousal and child support</i> – must use Income and Expense Declaration, FL-150</p> <p>Proof of Personal Service, FL-330</p> <p><i>blank</i> Responsive Declaration, FL-320</p> <p><i>blank</i> Financial Statement Simplified, FL-155 or Income and Expense Declaration, FL-150</p>	<p><b>Optional forms:</b> Spousal or Partner Support Declaration Attachment, FL-157 (<i>use for post-judgment modification/termination of spousal or partner support</i>)</p> <p>Proof of Service by Mail, FL-335</p> <p>Declaration Regarding Address Verification-Postjudgment, FL-334</p>
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**Other Orders Request:** On the RFO, at Page 4, Item 8, you may ask for other orders not specifically listed on the FL-300. These requests may include, but are not limited to: family law restraining orders; dividing omitted assets/debts that were left out of the judgment; amending birth certificate; random drug testing; adjust/determine support arrears; sale of property; clerk to execute interspousal transfer deeds; etc.

7. **What are the STEPS TO FILE and serve the RFO?**

**Step #1: Complete the Forms:** Complete your selected forms. You may sign up and attend the Request for Order Workshop offered at the Self Help Center. **Workshop flyer** attached.  
**OR**  
 Go to [www.courts.ca.gov/onlineservices/familylawworkshopschedules](http://www.courts.ca.gov/onlineservices/familylawworkshopschedules) and **Sign Up**; **OR**  
 Pay an attorney or *licensed* Legal Document Assistant to complete the forms for you; **OR**  
 Complete the forms yourself and have the forms reviewed by the Family Law Facilitator before filing.

**Step #2: Make copies:** Make at least 2 copies of your completed forms (1 original + 2 copies = 3 sets);

**Step #3: Obtain Hearing Date – File - Pay Fees:** Take your completed forms, copies and fee or a completed fee waiver application and order to the Clerk in the Family Law Division. The Clerk will set a hearing date and a mediation date.

Return to the Family Law Division to pick up your filed RFO on the date the Clerk tells you to pick up your forms.

**NOTE:** If you filed a Petition to Establish Parental Relationship (if your case is a *paternity case*), then **ONLY YOU WITH A PICTURE ID** can pick up the forms as this case is confidential.

**Step #4: Have the other party served. File the completed Proof of Service.**  
You must have a 3<sup>rd</sup> person, 18 years or older, and not a party to the case, **personally deliver** the RFO to the other party if: temporary orders are attached; the other party has not yet **appeared\*** in the case; the judge orders it.

The other party, his attorney and other interested parties (such as Department of Child Support Services) need to be served with the RFO and blank Responsive Declaration (FL-320), at least 16 court days before the hearing. Do not count holidays or weekends. [See CCP § 1005(b)]

The person who served the papers completes the Proof of Service. **You** must make sure the Proof of Service is **filed** with the Clerk **PRIOR** to the hearing, preferably at least 5 days before the hearing.

**See attached FL330-INFO Information Sheet for Proof of Personal Service.**

**\*Appearance means** the party filed any of these: response, answer, motion to strike (CCP §435), motion to transfer (CCP §395), appearance stip & waiver form

**Step #5: Prepare for your Hearing:**

**A. Interpreters:** In most cases the court **does not** provide interpreters. You may have to provide your own interpreter. Ask the Clerk, the Family Law Facilitator, or Self Help Center for information on how to obtain an interpreter.

**B. Court Reporters:** Certified court reporters record what is said in the courtroom and can produce an official transcript of what was said. **The court does not provide court reporters. If you want a transcript of what was said in the courtroom you need to hire your own certified court reporter.** Ask the Clerk, the Family Law Facilitator, or Self Help Center for information on how to obtain a court reporter.

The Courtroom Clerk will produce minutes which are very limited notes of what was ordered by the judge or commissioner.

If you need someone to take notes for you, have them do so in the audience.

**C. Attend Mediation:** If the RFO is asking for custody and visitation orders, you must attend a mediation appointment. Before the mediation appointment and your court hearing, you are required to watch an online program at [www.kerncourtvideo.com/publicvideos](http://www.kerncourtvideo.com/publicvideos) > “Putting Children First in a Changing Family”

All children 8 years and older must go to the mediation appointment. Monetary Sanctions may apply if you fail to appear at mediation.

**Step #6: Attend the Court Hearing:** Be early and find your courtroom. Attend your hearing at the appointed time and present your case.

As a pro per, you are acting as your own attorney. You may want to view the video “Presenting Your Case in Court” at [www.gbla.org/videos](http://www.gbla.org/videos) and “Your Day in Court” at [www.kerncourtvideo.com/publicvideos](http://www.kerncourtvideo.com/publicvideos).

**Step #7. Findings and Order After Hearing (FOAH):** The judge/commissioner may order you or the other party to prepare the Findings and Order After Hearing. California Rules of Court, Rule 5.125 requires that the other party have the opportunity to object to the form and content of the order and receive a filed copy of the order.

The Family Law Facilitator can help you prepare and process the order. Ask the Clerk, the Family Law Facilitator, or Self Help Center for information on how to prepare and process the FOAH.

You may want to view “Your Court Orders” at [www.gbla.org/videos](http://www.gbla.org/videos).

These materials have been compiled through a grant from the Judicial Council of California. The opinions and findings in this publication are those of the author and not necessarily those of the Judicial Council of California. All rights reserved, April 2009, rev. 09/09/2016.  
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN, FAMILY LAW FACILITATOR, 1215 TRUXTUN AVE., BAKERSFIELD  
CA 93301; [WMFACIL@KERN.COURTS.CA.GOV](mailto:WMFACIL@KERN.COURTS.CA.GOV)

## Custody & Parenting Time (Visitation)

Here you can learn about child custody and parenting time (also called "visitation") cases, how to prepare a parenting plan for you and your children, and how to get or change a court order. You can also find many resources to help you and your children through your separation or divorce.

### **Parenting Time: Developing Plans**

If you and your child's other parent are separating, start by reading this section. It will give you information about how children cope with their parents' separation, what children of different ages need, and how to write a parenting plan that is best for your children and your family. It will also give you resources to help you in parenting your children during and after separation.

### **Families Change**

This is an online guide for families going through separation and divorce. With three versions – one for parents, one for children, and another for teens and pre-teens – it complements the legal information found here.



### **Custody and Parenting Time (Visitation) Orders**

Find out how to ask for a custody and/or parenting time (visitation) order, respond to a request, or change an existing order. You will also learn about the law in custody and visitation cases and get information on enforcing an existing order.

### **Custody Mediation**

Mediation, or child custody recommending counseling in many courts, is mandatory in all custody and parenting time cases before you go in front of a judge to decide. Learn about the process and how to best prepare for your mediation or custody recommending counseling session or click for a [video explaining the mediation process](#).

### **Supervised Visitation**

Learn about supervised visitation, when a judge orders that a neutral third person be present during a parent's time with his or her children. Learn how to find and choose a supervised visitation provider, tips for parents, and find resources for more information.

### **Custody and Domestic Violence**

Find out what to consider in situations where one parent has been abusive toward the other parent or the child and how to make sure everyone is safe. Get information about the law in cases of domestic violence and how the mediation process works in these cases.

### **Visitation Rights of Grandparents**

If you are a grandparent and want information about visitation with your grandchildren, read this section to learn about your options and understand your rights as a grandparent.

### **Frequently Asked Questions**

Read answers to common questions related to child custody and parenting time.

# **REQUEST FOR ORDER & GETTING STARTED WORKSHOP**

***On-Line Registration Available***

Go to: [www.kern.courts.ca.gov](http://www.kern.courts.ca.gov) (On-Line Services)

***WHERE:***

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF KERN  
SELF HELP CENTER, 1415 TRUXTUN AVE.  
3<sup>RD</sup>. FL (LAW LIBRARY)**

***WHEN:***

**MONDAY, TUESDAY, and THURSDAY  
AT 1PM SHARP!**

- ASSISTANCE WITH PREPARING SUMMONS, PETITION, AND REQUEST FOR ORDER
- BRING PROOF OF INCOME FOR LAST TWO MONTHS
- BRING LAST COURT ORDERS OR RECENTLY SERVED DOCUMENTS
- PLEASE DO NOT BRING CHILDREN - WE NEED YOUR UNDIVIDED ATTENTION

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## **TALLER DE SOLICITUD DE ORDEN (REQUEST FOR ORDER)**

***Registro en línea es disponible***

Vaya a: [www.kern.courts.ca.gov](http://www.kern.courts.ca.gov) (On-Line Services) para registrarse

***DONDE:***

**CORTE SUPERIOR DE CALIFORNIA  
CONDADO DE KERN  
CENTRO DE RECURSOS LEGALES  
1415 TRUXTUN AVE. 3<sup>ER</sup>. PISO**

***CUANDO:***

***LUNES, MARTES Y JUEVES  
A LA 1PM EN PUNTO!***

- EN EL TALLER LE AYUDAREMOS A COMPLETAR Y PREPARAR SUS DOCUMENTOS
- NECESITA TRAER PRUEBAS DE INGRESOS DE LOS ULTIMOS 2 MESES.
- POR FAVOR, NO TRAER NIÑOS NECESITAMOS TODA SU ATENCION.

## 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.*

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: <b>YOUR FIRST AND LAST NAME</b> FIRM NAME: <b>IN PRO PER</b> STREET ADDRESS: <b>STREET ADDRESS</b> CITY: <b>CITY</b> STATE: <b>STATE</b> ZIP CODE: <b>ZIP CODE</b> TELEPHONE NO.: <b>PHONE #</b> FAX NO.: E-MAIL ADDRESS: <b>E-MAIL ADDRESS (NOT REQUIRED)</b> ATTORNEY FOR (name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>KERN</b> STREET ADDRESS: <b>STREET ADDRESS OF THE COURT</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>CITY, STATE, &amp; ZIP CODE OF THE COURT</b> BRANCH NAME:	
PETITIONER: <b>PETITIONER'S NAME</b> RESPONDENT: <b>RESPONDENT'S NAME</b> OTHER PARENT/PARTY: <b>OTHER PARENT/PARTY'S NAME (IF ANY)</b>	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input checked="" type="checkbox"/> Child Custody <input checked="" 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 checked="" type="checkbox"/> Other (specify): <b>(LIST THE ISSUE)</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>  <div style="border: 1px solid black; padding: 2px; text-align: center;">                     * CHECK ALL BOXES THAT YOU WANT ORDERS FOR                 </div>

**NOTICE OF HEARING**

1. TO (name(s)): **THE OTHER PARTY'S NAME (AND DCSS IF CHILD SUPPORT IS REQUESTED THEY'RE ON THE CASE)**  
 Petitioner  Respondent  Other Parent/Party  Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

\* CHECK THE OTHER PARTY'S ROLE IN THIS CASE

a. Date: <b>LEAVE BLANK</b> Time: <b>LEAVE BLANK</b> <input type="checkbox"/> Dept.: <b>LEAVE BLANK</b> <input type="checkbox"/> Room:
b. Address of court <input checked="" 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):

\* LEAVE NUMBERS 4-8 BLANK UNLESS YOU ARE ASKING FOR TEMPORARY ORDERS OR ORDER SHORTENING TIME

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

JUDICIAL OFFICER

PETITIONER: <b>PETITIONER'S NAME</b> RESPONDENT: <b>RESPONDENT'S NAME</b> OTHER PARENT/PARTY: <b>OTHER PARENT/PARTY'S NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
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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** **\*COMPLETE #1 IF THERE ARE RESTRAINING ORDERS**

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** ← **\*CHECK EACH BOX THAT APPLIES** →  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 checked="" type="checkbox"/> <u>Legal Custody to (person who decides: health, education, etc):</u>	<input checked="" type="checkbox"/> <u>Physical Custody to (person with whom child lives):</u>
<b>NAME OF CHILD</b>	<b>DOB</b>	<b>SOLE OR JOINT</b>	<b>SOLE OR JOINT</b>
<b>NAME OF CHILD</b>	<b>DOB</b>	<b>NAME OF PARENT(S)</b>	<b>NAME OF PARENT(S)</b>
<b>NAME OF CHILD</b>	<b>DOB</b>		
<b>NAME OF CHILD</b>	<b>DOB</b>		

Attachment 2a.

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

(1)  Specified in the attached forms:

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

(2)  As follows (specify):

Attachment 2b.

**(EXPLAIN THE CUSTODY AND/OR VISITATION SCHEDULE THAT YOU ARE REQUESTING IF YOU ARE NOT ADDING AN ATTACHED FORM LISTED ABOVE)**

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

Attachment 2c.

**(EXPLAIN BRIEFLY WHY THE REQUESTED CUSTODY AND/OR VISITATION SCHEDULE WOULD BE GOOD FOR THE CHILDREN AND CONTINUE ON ATTACHMENT 2c IF YOU NEED MORE SPACE TO WRITE)**

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): **DATE OF ORDER**. The court ordered (specify):

**STATE WHO HAS LEGAL AND/ OR PHYSICAL CUSTODY IN THE EXISTING ORDER**

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

**EXPLAIN THE PREVIOUSLY ORDERED VISITATION SCHEDULE**

Attachment 2d.

**\* ONLY CHECK d (1) &/OR (2) IF THERE IS AN EXISTING ORDER THAT YOU ARE CHANGING.**

PETITIONER: <b>PETITIONER'S NAME</b>	CASE NUMBER: _____
RESPONDENT: <b>RESPONDENT'S NAME</b>	<b>CASE NUMBER (IF ANY)</b>
OTHER PARENT/PARTY: <b>OTHER PARENT/PARTY'S NAME</b>	

3.  CHILD SUPPORT

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

**\* CHECK EITHER BOX IF ASKING FOR CHILD SUPPORT**

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

Child's name and age

I request support for each

Monthly amount (\$) requested

child based on the child support guideline. (if not by guideline)

**NAME OF CHILD #1**

**AGE**

**NAME OF CHILD #2**

**AGE**

**NAME OF CHILD #3**

**AGE**

**NAME OF CHILD #4**

**AGE**

Attachment 3a.

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

The court ordered child support as follows (specify):

**(COMPLETE ONLY IF THERE IS AN EXISTING CHILD SUPPORT ORDER e.g. "\$300 A MONTH PAYABLE TO RESPONDENT")**

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.

**(EXPLAIN BRIEFLY WHY YOU ARE REQUESTING/ CHANGING A CHILD SUPPORT ORDER AND CONTINUE ON ATTACHMENT 3d IF YOU NEED MORE SPACE TO WRITE)**

4.  SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)

**\* CHECK 4a AND INDICATE THE AMOUNT YOU ARE ASKING FOR \* COMPLETE 4b OR 4c IF YOU ARE CHANGING AN EXISTING ORDER)**

a.  Amount requested (monthly): \$ GUIDELINE OR \$

b.  I want the court to  change  end the current support order filed on (date):  
The court ordered \$ \_\_\_\_\_ per month for support.

c.  This request is to modify (change) spousal or partner support after entry of a judgment.

I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.

e. The court should make, change, or end the support orders because (specify):

Attachment 4e.

**(EXPLAIN BRIEFLY WHY YOU ARE REQUESTING/CHANGING THE SPOUSAL SUPPORT ORDER AND CONTINUE ON ATTACHMENT 4e IF YOU NEED MORE SPACE TO WRITE)**

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: <b>PETITIONER'S NAME</b>	CASE NUMBER:
RESPONDENT: <b>RESPONDENT'S NAME</b>	<b>CASE NUMBER (IF ANY)</b>
OTHER PARENT/PARTY: <b>OTHER PARENT/PARTY'S NAME</b>	

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 current *Income and Expense Declaration* (form FL-150).
  - A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that 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.

7.  **DOMESTIC VIOLENCE ORDER**

CHECK THE BOX THAT APPLIES IN 7b

- 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.

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

**(EXPLAIN WHAT CHANGES YOU WANT: e.g. REMOVE PROTECTED PEOPLE; ALLOW BRIEF AND PEACEFUL CONTACT FOR COURT ORDERED VISITATION; REQUEST TO RECORD UNLAWFUL COMMUNICATION; END ORDERS)**

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

**(EXPLAIN BRIEFLY WHY YOU WANT TO CHANGE OR END THE RESTRAINING ORDER AND CONTINUE ON ATTACHMENT 7c IF YOU NEED MORE SPACE TO WRITE) \*MUST ATTACH PROPOSED DV-130**

8.  **OTHER ORDERS REQUESTED (specify):**  Attachment 8.  
 (SPECIFY OTHER ORDERS YOU WANT e.g. SET ASIDE JUDGMENT/ORDER DATED \_\_\_\_; CHANGE VENUE TO \_\_\_\_; CLERK OF THE COURT TO EXECUTE TRANSFER DOCUMENT INSTEAD OF \_\_\_\_; DIVIDE OMITTED ASSET/DEBT; LEAVE TO AMEND PETITION/ RESPONSE; RECONSIDERATION OF ORDERS MADE \_\_\_\_; REQUEST FOR DNA TEST; SANCTIONS; REQUEST FOR JUDGMENT OF NON-PARENTAGE; QUASH SUMMONS/PETITION, ETC.)

9.  **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need: \_\_\_\_\_ court days before the hearing.
- To serve the *Request for Order* no less than (number): \_\_\_\_\_
  - The hearing date and service of the *Request for Order* to be sooner.
  - I need the order because (specify):  Attachment 9c.

**(EXPLAIN BRIEFLY WHY YOU NEED SERVICE/ TIME FOR HEARING SHORTENED AND CONTINUE ON ATTACHMENT 8c IF YOU NEED MORE SPACE TO WRITE)**

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.

**(USE THIS SECTION IF YOU NEED TO EXPLAIN FURTHER WHY THE COURT SHOULD MAKE THE ORDERS THAT YOU ARE REQUESTING AND CONTINUE ON ATTACHMENT 10 IF YOU NEED MORE SPACE TO WRITE)**

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

Date: **DATE**

**PRINT YOUR NAME** \_\_\_\_\_

(TYPE OR PRINT NAME)

**SIGN YOUR 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.)

SHORT TITLE:

LAST NAME V. LAST NAME

CASE NUMBER:

CASE NUMBER (IF ANY)

ATTACHMENT TO FL-300

1  
2  
3 **2c: (EXPLAIN BRIEFLY WHY THE REQUESTED VISITATION SCHEDULE  
WOULD BE GOOD FOR THE CHILDREN)**

4  
5  
6 **3d: (EXPLAIN BRIEFLY WHY YOU ARE REQUESTING &/ OR CHANGING THE  
CHILD SUPPORT ORDER)**

7  
8 **4e: (EXPLAIN BRIEFLY WHY YOU ARE REQUESTING &/ OR CHANGING THE  
SPOUSAL SUPPORT ORDER)**

9  
10  
11  
12  
13 **7d: (EXPLAIN BRIEFLY WHY YOU WANT TO CHANGE THE RESTRAINING  
ORDER)**

14  
15  
16 **10: (EXPLAIN IN DETAIL WHY THE COURT SHOULD MAKE THE ORDERS  
THAT YOU ARE REQUESTING)**

17  
18  
19  
20  
21  
22  
23  
24  
25  
26 *(Required for verified pleading)* The items on this page stated on information and belief are *(specify item numbers, not line  
numbers):*

27 This page may be used with any Judicial Council form or any other paper filed with the court.

Page \_\_\_\_\_

**ADDITIONAL PAGE**

CRC 201, 501

PETITIONER: <b>PETITIONER'S NAME</b> RESPONDENT: <b>RESPONDENT'S NAME</b> OTHER PARENT/PARTY: <b>OTHER PARENT/ PARTY'S NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
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**CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT**  
 —This is not a court order—

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

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

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to (person who decides about health, education, etc.)</u>	<u>Physical Custody to (person with whom the child lives)</u>
<b>NAME OF CHILD #1</b>	<b>DOB</b>	<b>SOLE OR JOINT</b>	<b>SOLE OR JOINT</b>
<b>NAME OF CHILD #2</b>	<b>DOB</b>	<b>NAME OF PARENT(S)</b>	<b>NAME OF PARENT(S)</b>
<b>NAME OF CHILD #3</b>	<b>DOB</b>		
<b>NAME OF CHILD #4</b>	<b>DOB</b>		

2.  Visitation (Parenting Time).

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

- a.  Reasonable right of parenting time (visitation) to the party without physical custody (not appropriate in cases involving domestic violence).
- b.  See the attached \_\_\_\_\_-page document dated (specify date):
- c.  The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d.  No visitation (parenting time).
- e.  Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")  
 Petitioner's  Respondent's  Other Parent's/Party's parenting time (visitation) will be as follows:

(1)  Weekends starting (date): **SPECIFY STARTING DATE**

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

1st  2nd  3rd  4th  5th weekend of the month

from FRIDAY at 3:00  a.m.  p.m./ If applicable, specify:  start of school  after school  
 (day of week) (time)

to SUNDAY at 6:00  a.m.  p.m./ If applicable, specify:  start of school  after school  
 (day of week) (time)

- (a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  other parent/party having the initial fifth weekend, which starts (date):
- (b)  The  petitioner  respondent  other parent/party will have the fifth weekend in  odd  even numbered months.

(2)  Alternate weekends starting (date):

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  after school  
 (day of week) (time)

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ If applicable, specify:  start of school  after school  
 (day of week) (time)

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

from WEDNESDAY at 3:00  a.m.  p.m./ If applicable, specify:  start of school  after school  
 (day of week) (time)

to WEDNESDAY at 6:00  a.m.  p.m./ If applicable, specify:  start of school  after school  
 (day of week) (time)

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

as follows: **LIST/SPECIFY DAYS, TIMES, OR RESTRICTIONS HERE**  
**-OR- USE**  
**FORM MC-020 AND TITLE IT "ATTACHMENT 2e(4)"**

CHECK THE APPROPRIATE BOX FOR THE OTHER PARTY

PETITIONER: <b>PETITIONER'S NAME</b> RESPONDENT: <b>RESPONDENT'S NAME</b> OTHER PARENT/PARTY: <b>OTHER PARENT/ PARTY'S NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
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3.  **Supervised visitation (parenting time).**
  - a. If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.
  - b.  The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
  - c. I request that (name): \_\_\_\_\_ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
  - d. I request that the visitation (parenting time) be supervised by (name): \_\_\_\_\_ who is a  professional  nonprofessional supervisor. The supervisor's phone number is (specify): \_\_\_\_\_
  - e. I request that any costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent; other parent/party: \_\_\_\_\_ percent.
  
4.  **Transportation for visitation (parenting time) and place of exchange.**
  - a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
  - b.  Transportation to begin the visits will be provided by (name): \_\_\_\_\_
  - c.  Transportation from the visits will be provided by (name): \_\_\_\_\_
  - d.  The exchange point at the beginning of the visit will be (address): \_\_\_\_\_
  - e.  The exchange point at the end of the visit will be (address): \_\_\_\_\_
  - f.  During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
  - g.  Other (specify): \_\_\_\_\_
  
5.  **Travel with children.** The  petitioner  respondent  other parent/party must have written permission from the other parent or party, or a court order, to take the children out of the following places:
  - a.  the state of California.
  - b.  the following counties (specify): \_\_\_\_\_
  - c.  other places (specify): \_\_\_\_\_
  
6.  **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.
7.  **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached  form FL-341(C)  Other (specify): \_\_\_\_\_
8.  **Additional custody provisions.** I request the additional orders regarding custody set out on the attached  form FL-341(D)  Other (specify): \_\_\_\_\_
9.  **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached  form FL-341(E)  Other (specify): \_\_\_\_\_
10.  **Other.** I request the following additional orders (specify): \_\_\_\_\_

**(COMPLETE THIS PAGE ONLY IF YOU ARE REQUESTING ORDERS FOR THESE ISSUES)**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>YOUR FIRST AND LAST NAME</b> <b>STREET ADDRESS</b> <b>CITY STATE AND ZIP CODE</b> TELEPHONE NO.: <b>PHONE #</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): <b>E-MAIL ADDRESS</b> ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>KERN</b> STREET ADDRESS: <b>(ADDRESS OF COURT WHERE YOU ARE FILING)</b> MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: <b>PETITIONER'S NAME</b> RESPONDENT: <b>RESPONDENT'S NAME</b> OTHER PARTY: <b>OTHER PARENT/ PARTY'S NAME</b>	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **3 (THREE)** minor children who are subject to this proceeding, as follows:  
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name <b>NAME OF CHILD #1</b>	Place of birth <b>BAKERSFIELD, CA</b>	Date of birth <b>DOB</b>	Sex <b>M/F</b>
Period of residence <b>1/1/16</b> to present	Address <b>ADDRESS OF CHILD #1</b> <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <b>NAME OF PARENT CHILD LIVES WITH</b> <input type="checkbox"/> Confidential & CURRENT ADDRESS	Relationship <b>MOTHER</b>
BIRTH to 1/1/16	Child's residence (City, State) <b>123 PREVIOUS ST.                  OLD TOWN, CA 91234</b>	Person child lived with (name and complete current address) <b>JANE DOE: SAME AS CHILD; JOHN DOE:                  123 PREVIOUS, OLD TOWN, CA 91234</b>	PARENTS
to	<b>(MUST GIVE ADDRESSES FOR THE LAST 5 YEARS                  or SINCE BIRTH IF THE CHILD IS LESS THAN 5 YEARS OLD)</b>		
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name <b>NAME OF CHILD #2</b>	Place of birth <b>BAKERSFIELD, CA</b>	Date of birth <b>DOB</b>	Sex <b>M/F</b>
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence <b>1/1/16</b> to present	Address <b>ADDRESS OF CHILD #2 IF DIFFERENT</b> <input type="checkbox"/> Confidential <b>FROM CHILD #1 (AND</b>	Person child lived with (name and complete current address) <b>NAME OF PARENT CHILD LIVES WITH</b> <input type="checkbox"/> Confidential & CURRENT ADDRESS	Relationship <b>FATHER</b>
to	<b>* CHECK THIS BOX IF CHILD #2 LIVED WITH CHILD #1 FOR ALL DATES LISTED</b>		
to	<b>(MUST GIVE ADDRESSES FOR THE LAST 5 YEARS                  or SINCE BIRTH IF THE CHILD IS LESS THAN 5 YEARS OLD)</b>		
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d.  Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)



**\*IF YES IS CHECKED ON #'S 4-6, YOU MUST COMPLETE BELOW\***

SHORT TITLE: <b>— LAST NAME V. LAST NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?  
 Yes  No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input checked="" type="checkbox"/> Guardianship	<b>PBX-1234</b>	<b>KCSC: 1215 TRUXTUN, BAKERSFIELD, CA 93301</b>	<b>1/1/2016</b>	<b>MARY SMITH</b>	<b>OBJECTOR</b>	<b>PENDING</b>
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5.  One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?  Yes  No (If yes, provide the following information):

<p>a. Name and address of person <b>ROBERT SMITH</b> <b>9876 MAIN ST.</b> <b>GRAND, PA 54321</b></p> <p><input type="checkbox"/> Has physical custody  <input checked="" type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child <b>MARY SMITH</b></p>	<p><b>* ONLY FILL OUT IF THE CHILD IS NOT LIVING THEIR MOTHER OR THEIR FATHER</b></p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
---	---	--

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

Date: **THE DATE YOU SIGN**

**PRINT YOUR NAME** \_\_\_\_\_ **▶ SIGN YOUR NAME** \_\_\_\_\_  
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7.  Number of pages attached: \_\_\_\_\_

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



CASE NAME: <b>LAST NAME V. LAST NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
---	---

**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input checked="" type="checkbox"/> Child's name <b>NAME OF CHILD #3</b> <small>Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)</small>		Place of birth <b>CITY &amp; STATE OF BIRTH</b>	Date of birth <b>DATE OF BIRTH</b>	Sex <b>M/F</b>
Period of residence <b>1/1/16</b> to present	Present address <b>ADDRESS OF CHILD #3 IF DIFFERENT THAN CHILD #1 AND</b> <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <b>NAME OF PARENT CHILD LIVES WITH &amp; CURRENT ADDRESS</b> <input type="checkbox"/> Confidential		Relationship <b>FATHER</b>
<div style="border: 2px solid black; padding: 5px; display: inline-block; width: 30%;">                     * CHECK THIS BOX IF CHILD #3 LIVED WITH CHILD #1 FOR ALL DATES                 </div>				
to	Child's residence (City, State) <b>(MUST GIVE ADDRESSES FOR THE LAST 5 YEARS OR SINCE BIRTH IF THE CHILD IS LESS THAN 5 YEARS OLD)</b>	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <small>Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)</small>		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <small>Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)</small>		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <b>YOUR FIRST AND LAST NAME</b> <b>STREET ADDRESS</b> <b>CITY, STATE, AND ZIP CODE</b> TELEPHONE NO.: <b>PHONE #</b> E-MAIL ADDRESS (Optional): <b>E-MAIL ADDRESS</b> ATTORNEY FOR (Name): <b>IN PRO PER</b>		FOR COURT USE ONLY  <b>***USED WHEN REQUESTING CHILD AND/OR SPOUSAL SUPPORT</b>  <b>***YOU MUST ATTACH PROOF OF INCOME FOR THE LAST 2 MONTHS</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>KERN</b> STREET ADDRESS: <b>(ADDRESS OF COURT WHERE YOU ARE FILING YOUR DOCUMENTS)</b> MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: <b>PETITIONER'S NAME</b> RESPONDENT/DEFENDANT: <b>RESPONDENT'S NAME</b> OTHER PARENT/CLAIMANT: <b>OTHER PARENT/ PARTY'S NAME (IF ANY)</b>		
<b>INCOME AND EXPENSE DECLARATION</b>		

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>BAKERSFIELD HOSPITAL</b> b. Employer's address: <b>124 HOSPITAL ROW, BAKERSFIELD, CA 93301</b> c. Employer's phone number: <b>(661) 555-5555</b> d. Occupation: <b>RECEPTIONIST</b> e. Date job started: <b>01/2008</b> f. If unemployed, date job ended: <b>(COMPLETE IF YOU ARE NO LONGER WORKING)</b> g. I work about <b>40</b> hours per week. h. I get paid \$ <b>1,500.00</b> gross (before taxes) <input checked="" type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

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

2. **Age and education**

- a. My age is (specify): **23**
- 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): **2**  Degree(s) obtained (specify): **AA**
- d. Number of years of graduate school completed (specify): **0**  Degree(s) obtained (specify): **N/A**
- e. I have:  professional/occupational license(s) (specify): **N/A**  
 vocational training (specify): **MEDICAL FRONT OFFICE**

3. **Tax information**

- a.  I last filed taxes for tax year (specify year): **2015**
- 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): **2**

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ **5,000.00**  
 This estimate is based on (explain): **WE WERE MARRIED FOR 5 YEARS AND THAT IS THE AMOUNT MY SPOUSE MADE WHILE WE LIVED TOGETHER.**

(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: **4**

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: **DATE THAT YOU SIGNED**

**PRINT YOUR FIRST AND LAST NAME** \_\_\_\_\_ **▶ SIGN YOUR NAME** \_\_\_\_\_  
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: <b>PETITIONER'S NAME</b> RESPONDENT/DEFENDANT: <b>RESPONDENT'S NAME</b> OTHER PARENT/CLAIMANT: <b>OTHER PARENT/ PARTY'S NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
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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>1,500.00</b>	<b>1,400.00</b>
b. Overtime (gross, before taxes) .....	\$ <b>200.00</b>	<b>0.00</b>
c. Commissions or bonuses .....	\$ <b>0.00</b>	<b>0.00</b>
d. Public assistance (for example: TANF, SSI, GA/GR) <input checked="" type="checkbox"/> currently receiving <b>FOOD STAMPS; CASH AID</b> .....	\$ <b>50.00</b>	<b>50.00</b>
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....	\$ <b>0.00</b>	<b>0.00</b>
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ <b>0.00</b>	<b>0.00</b>
g. Pension/retirement fund payments .....	\$ <b>0.00</b>	<b>0.00</b>
h. Social security retirement (not SSI) .....	\$ <b>0.00</b>	<b>0.00</b>
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance. ....	\$ <b>0.00</b>	<b>0.00</b>
j. Unemployment compensation .....	\$ <b>0.00</b>	<b>0.00</b>
k. Workers' compensation .....	\$ <b>0.00</b>	<b>0.00</b>
l. Other (military BAQ, royalty payments, etc.) (specify) : .....	\$ <b>0.00</b>	<b>0.00</b>

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

a. Dividends/interest .....	\$ <b>0.00</b>	<b>0.00</b>
b. Rental property income .....	\$ <b>0.00</b>	<b>0.00</b>
c. Trust income .....	\$ <b>0.00</b>	<b>0.00</b>
d. Other (specify) : .....	\$ <b>0.00</b>	<b>0.00</b>

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) : **N/A**  
 Name of business (specify) : **N/A**  
 Type of business (specify) : **N/A**

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) : **INHERITANCE FROM MY AUNT** **2,500.00**

9.  **Change In Income.** My financial situation has changed significantly over the last 12 months because (specify) :  
**BONUSES AND OVERTIME ARE NO LONGER OFFERED EACH MONTH**

10. **Deductions**

	Last month	
a. Required union dues .....	\$ <b>60.00</b>	
b. Required retirement payments (not social security, FICA, 401(k), or IRA) .....	\$ <b>150.00</b>	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ <b>450.00</b>	
d. Child support that I pay for children from other relationships .....	\$ <b>0.00</b>	
e. Spousal support that I pay by court order from a different marriage .....	\$ <b>0.00</b>	
f. Partner support that I pay by court order from a different domestic partnership .....	\$ <b>0.00</b>	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....	\$ <b>0.00</b>	
<b>N/A</b>		

11. **Assets**

	Total	
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ <b>980.00</b>	
b. Stocks, bonds, and other assets I could easily sell .....	\$ <b>0.00</b>	
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) .....	\$ <b>-15,000.00</b>	

PETITIONER/PLAINTIFF: <b>PETITIONER'S NAME</b> RESPONDENT/DEFENDANT: <b>RESPONDENT'S NAME</b> OTHER PARENT/CLAIMANT: <b>OTHER PARENT/ PARTY'S NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b>
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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. <b>OLDEST CHILD'S NAME</b>	10	<b>SON</b>	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. <b>MIDDLE CHILD'S NAME</b>	8	<b>DAUGHTER</b>	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. <b>YOUNGEST CHILD</b>	6	<b>DAUGHTER</b>	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. <b>JANE DOE</b>	65	<b>MOTHER</b>	2,500.00	<input checked="" 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

<p>a. Home:</p> <p>(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ <u>1,000.00</u></p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ <u>0.00</u></p> <p style="margin-left: 40px;">(b) average interest: \$ <u>0.00</u></p> <p>(2) Real property taxes \$ <u>0.00</u></p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ <u>13.00</u></p> <p>(4) Maintenance and repair \$ <u>0.00</u></p> <p>b. Health-care costs not paid by insurance \$ <u>50.00</u></p> <p>c. Child care \$ <u>500.00</u></p> <p>d. Groceries and household supplies \$ <u>600.00</u></p> <p>e. Eating out \$ <u>50.00</u></p> <p>f. Utilities (gas, electric, water, trash) \$ <u>200.00</u></p> <p>g. Telephone, cell phone, and e-mail \$ <u>100.00</u></p>	<p>h. Laundry and cleaning \$ <u>20.00</u></p> <p>i. Clothes \$ <u>50.00</u></p> <p>j. Education <b>SCHOOL ACTIVITY</b> \$ <u>80.00</u></p> <p>k. Entertainment, gifts, and vacation \$ <u>25.00</u></p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ <u>250.00</u></p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ <u>3.00</u></p> <p>n. Savings and investments \$ <u>0.00</u></p> <p>o. Charitable contributions \$ <u>20.00</u></p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ <u>320.00</u></p> <p>q. Other (specify): _____ \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ <u>3,281.00</u></p> </div> <p>s. Amount of expenses paid by others \$ _____</p>
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
<b>ABC MASTERCARD</b>	<b>CREDIT CARD</b>	\$ <u>20.00</u>	\$ <u>3,000.00</u>	<u>07/01/2016</u>
<b>CVA CAR MAKER</b>	<b>AUTO LOAN</b>	\$ <u>300.00</u>	\$ <u>65,000.00</u>	<u>07/15/2016</u>
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

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

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

I confirm this fee arrangement.

Date:

N/A

(TYPE OR PRINT NAME OF ATTORNEY)

N/A

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: <b>PETITIONER'S NAME</b>	CASE NUMBER:
RESPONDENT/DEFENDANT: <b>RESPONDENT'S NAME</b>	<b>CASE NUMBER (IF ANY)</b>
OTHER PARENT/CLAIMANT: <b>OTHER PARENT/ PARTY'S NAME</b>	

**CHILD SUPPORT INFORMATION**

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

**16. Number of children**

- a. I have (specify number): **1** children under the age of 18 with the other parent in this case.
- b. The children spend **80** percent of their time with me and **20** 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.)  
**THE OTHER PARENT SPENDS ALTERNATE WEEKENDS AND HALF OF HOLIDAYS WITH OUR CHILD.**

**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: **INSURANCE COMPANY OF CALIFORNIA**
- c. Address of insurance company:  
**123 INSURANCE STREET  
INSURANCE, CA 91234**
- d. The monthly cost for the children's health insurance is or would be (specify): \$ **150.00**  
(Do not include the amount your employer pays.)

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

	Amount per month
a. Child care so I can work or get job training .....	\$ <u>500.00</u>
b. Children's health care not covered by insurance .....	\$ <u>50.00</u>
c. Travel expenses for visitation .....	\$ <u>0.00</u>
d. Children's educational or other special needs (specify below): .....	\$ <u>0.00</u>
<b>N/A</b>	

**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 .....	\$ <u>0.00</u>	<u>0</u>
b. Major losses not covered by insurance (examples: fire, theft, other insured loss) .....	\$ <u>0.00</u>	<u>0</u>
c. (1) Expenses for my minor children who are from other relationships and are living with me .....	\$ <u>0.00</u>	<u>0</u>
(2) Names and ages of those children (specify): <b>N/A</b>	<b>N/A</b>	

(3) Child support I receive for those children ..... \$ 0.00

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

**IF YOU COMPLETE #19, YOU MUST LIST REASON(S) WHY YOU ARE EXPERIENCING A FINANCIAL HARDSHIP.**

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

**WRITE ANY OTHER ADDITIONAL INFORMATION YOU WANT THE COURT TO KNOW CONCERNING SUPPORT.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>YOUR FIRST AND LAST NAME</b> <b>IN PRO PER</b> <b>STREET ADDRESS</b> <b>CITY STATE AND ZIP CODE</b> TELEPHONE NO.: <b>PHONE #</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): <b>E-MAIL ADDRESS</b> ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: <b>(ADDRESS OF COURT</b> MAILING ADDRESS: <b>WHERE YOU ARE FILING)</b> CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: <b>PETITIONER'S NAME</b>  RESPONDENT/DEFENDANT: <b>RESPONDENT'S NAME</b>  OTHER PARENT/PARTY: <b>OTHER PARENT/ PARTY'S NAME</b>	
<b>WITNESS LIST</b>	CASE NUMBER(S): <b>CASE NUMBER</b> <b>(IF ANY)</b>

(CHECK THE BOX THAT MATCHES THE FORM YOU ARE ATTACHING THIS FORM TO)  
 Attachment to  Request for Order (FL-300)  Responsive Declaration (FL-320)  Other (specify):

(CHECK WHICH PARTY YOU ARE IN THIS CASE)  
 Petitioner  Respondent  Other intends to call the following witnesses to testify  
 at the time of  hearing or  trial scheduled on (date): **TBD**  
**(CHECK HEARING OR TRIAL)**

Name	Subject and Brief Description of Testimony
<b>NAME OF WITNESS</b>	<b>BRIEFLY EXPLAIN WHAT THE WITNESS WILL TALK ABOUT</b>

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address): <b>YOUR FIRST AND LAST NAME</b> <b>IN PRO PER</b> <b>STREET ADDRESS</b> <b>CITY STATE AND ZIP CODE</b> TELEPHONE NO.: <b>PHONE #</b> FAX NO.: ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: <b>STREET ADDRESS OF THE COURT</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>CITY, STATE, ZIPCODE OF THE COURT</b> BRANCH NAME:	
PETITIONER/PLAINTIFF: <b>PETITIONER'S NAME</b> RESPONDENT/DEFENDANT: <b>RESPONDENT'S NAME</b> OTHER PARENT/PARTY: <b>OTHER PARENT/ PARTY'S NAME</b>	CASE NUMBER: <b>CASE NUMBER (IF ANY)</b> (If applicable, provide): HEARING DATE: <b>DATE OF HEARING</b> HEARING TIME: <b>TIME OF HEARING</b> DEPT.: <b>DEPARTMENT NUMBER</b>
<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): **OTHER PARTY'S NAME (IF DCSS INVOLVED, COMPLETE A SEPARATE ONE FOR DCSS)**
3. I served copies of the following documents (specify):  
**REQUEST FOR ORDER; UCCJEA; WITNESS LIST; BLANK RESPONSIVE DECLARATION**  
**(LIST THE NAMES OF ANY OTHER ATTACHMENTS TO THE REQUEST FOR ORDER)**
4. By personally delivering copies to the person served, as follows:
  - a. Date: **DATE PERSON SERVED**                      b. Time: **TIME PERSON WAS SERVED**
  - c. Address: **ADDRESS OR LOCATION WHERE THE PERSON WAS SERVED INCLUDING CITY, STATE, AND ZIPCODE**
5. I am
 

a. <input checked="" type="checkbox"/> not a registered California process server. b. <input type="checkbox"/> a registered California process server. c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). e. <input type="checkbox"/> a California sheriff or marshal.
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6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):  
**SERVER'S NAME**  
**STREET ADDRESS**  
**CITY, STATE, AND ZIP CODE**  
**PHONE NUMBER**
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: **DATE THE SERVER SIGNS THE FORM**

**PRINT SERVER'S NAME** \_\_\_\_\_  
 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

▶ **SERVER SIGNS HERE** \_\_\_\_\_  
 (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.*