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

HELPFUL WEBSITES

www.courts.ca.gov - State Court - forms, Self Help, etc.
www.kern.courts.ca.gov - Kern Court Website
www.kclawlib.org – Kern County Law Library
www.findlaw.com – Case Law
www.leginfo.ca.gov - Legislation/Codes
www.accesslaw.com – Forms, Cases, Codes
www.kernbar.org – Local Bar Association
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> 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.

Custody and visitation:

Mandatory forms:	**Optional forms:**
Request for Order, FL-300	Child Custody and Visitation Attachment, FL-311
Declaration Under UCCJEA, FL-105	Request for Child Abduction Prevention, FL-312
Proof of Personal Service, FL-330	Holiday Schedule, FL-341(C)
blank Responsive Declaration, FL-320	Additional Provisions – Physical Custody Attachment, FL-341(D)
	Joint Legal Custody Attachment, FL-341(E)
	Witness List, FL-321
	Proof of Service by Mail, FL-335
	Declaration Regarding Address Verification-Postjudgment, FL-334

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).

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

Mandatory forms:	**Optional forms:**
Request for Order, FL-300 ***for child support*** - Financial Statement Simplified, FL-155 or Income and Expense Declaration, FL-150 ***for spousal and child support*** – must use Income and Expense Declaration, FL-150 Proof of Personal Service, FL-330 ***blank*** Responsive Declaration, FL-320 ***blank*** Financial Statement Simplified, FL-155 or Income and Expense Declaration, FL-150	Spousal or Partner Support Declaration Attachment, FL-157 *(use for post-judgment modification/termination of spousal or partner support)* Proof of Service by Mail, FL-335 Declaration Regarding Address Verification-Postjudgment, FL-334

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 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 3rd 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 > "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 and "Your Day in Court" at 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.

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

close this page

CALIFORNIA COURTS
THE JUDICIAL BRANCH OF CALIFORNIA

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 (visitaton) 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.

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SUPERIOR COURT OF CALIFORNIA COUNTY OF KERN

SELF HELP CENTER

REQUEST FOR ORDER WORKSHOP

On-Line Registration REQUIRED

Go to: www.kern.courts.ca.gov (On-Line Services)

***WHERE*: 1415 TRUXTUN AVE. 3RD. FL**

WHEN: MONDAY & TUESDAY AT 1PM SHARP!
& THURSDAY AT 8AM SHARP!

SET BY:_____

DATE:_____ **8 AM/1 PM**

- LEARN HOW TO REPRESENT YOURSELF IN COURT (ENGLISH VIDEO)
- HELP WITH PREPARING NECESSARY PAPERWORK
- BRING PROOF OF INCOME
- BRING LAST COURT ORDERS
- DO NOT BRING CHILDREN WE NEED YOUR UNDIVIDED ATTENTION

SUPERIOR COURT OF CALIFORNIA COUNTY OF KERN

SELF HELP CENTER

TALLER DE SOLICITUD DE ORDEN (REQUEST FOR ORDER)

El registro en linea requerido

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

***DONDE*: 1415 TRUXTUN AVE. 3CR. PISO**

CUANDO: LUNES & MARTES A LAS 1PM EN PUNTO!
Y JUEVES A LAS 8AM EN PUNTO!

SET BY:_____

DATE:_____ **8 AM/1 PM**

- APRENDER A REPRESENTARSE A SÍ MISMO EN UN TRIBUNAL (VIDEO EN ESPAÑOL)
- ASISTENCIA EN LA PREPARACIÓN DE LOS DOCUMENTOS NECESARIO
- TRAEGAN PRUEBA DE SU INGRESO Y LOS ÚLTIMOS ORDENES DE LA CORTE
- POR FAVOR, NO TRAER NIÑOS. NECESITAMOS TODA SU ATENCION.

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.:
NAME: YOUR FIRST AND LAST NAME
FIRM NAME: IN PRO PER
STREET ADDRESS: STREET ADDRESS
CITY: CITY STATE: STATE ZIP CODE: ZIP CODE
TELEPHONE NO.: PHONE # FAX NO.:
E-MAIL ADDRESS: E-MAIL ADDRESS (NOT REQUIRED)
ATTORNEY FOR (name): IN PRO PER

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN
STREET ADDRESS: STREET ADDRESS OF THE COURT
MAILING ADDRESS:
CITY AND ZIP CODE: CITY, STATE, & ZIP CODE OF THE COURT
BRANCH NAME:

PETITIONER: PETITIONER'S NAME
RESPONDENT: RESPONDENT'S NAME
OTHER PARENT/PARTY: OTHER PARENT/PARTY'S NAME (IF ANY)

CASE NUMBER:
CASE NUMBER (IF ANY)

REQUEST FOR ORDER ☐ **CHANGE** ☐ **TEMPORARY EMERGENCY ORDERS**

- [X] Child Custody
- [X] Visitation (Parenting Time)
- ☐ Spousal or Partner Support
- [X] Child Support
- ☐ Domestic Violence Order
- ☐ Attorney's Fees and Costs
- ☐ Property Control
- [X] Other *(specify)*: (LIST THE ISSUE)

*** CHECK ALL BOXES THAT YOU WANT ORDERS FOR**

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)*:

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

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**
   a. Date: LEAVE BLANK Time: LEAVE BLANK ☐ Dept.: LEAVE BLANK ☐ Room:
   b. Address of court [X] same as noted above ☐ 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

Form Adopted for Mandatory Use
Judicial Council of California
FL-300 [Rev. July 1, 2016]

Essential Forms

Family Code, §§ 2045, 2107, 6224, 6226, 6320–6326, 6380–6383; Government Code, § 26826
Cal. Rules of Court, rule 5.92
www.courts.ca.gov

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

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)*:

Child's Name	Date of Birth	☒ Legal Custody to *(person who decides: health, education, etc)*:	☒ Physical Custody to *(person with whom child lives)*:
NAME OF CHILD	**DOB**	**SOLE OR JOINT NAME OF PARENT(S)**	**SOLE OR JOINT NAME OF PARENT(S)**
NAME OF CHILD	**DOB**		
NAME OF CHILD	**DOB**		
NAME OF CHILD	**DOB**		
NAME OF CHILD	**DOB**		

☐ 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).

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

(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.

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

3. ☐ CHILD SUPPORT

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

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

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

Child's name and age	☐ I request support for each child based on the child support guideline.	☐ Monthly amount ($) requested (if not by guideline)
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

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

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

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

a. The ☐ petitioner ☐ respondent ☐ other parent/party ☐ I request temporary emergency orders 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: **PETITIONER'S NAME** RESPONDENT: **RESPONDENT'S NAME** OTHER PARENT/PARTY: **OTHER PARENT/PARTY'S NAME**	CASE NUMBER: **CASE NUMBER (IF ANY)**

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

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.

   a. The *Restraining Order After Hearing* (form DV-130) was filed on *(date):* **DATE OF ORDER**
   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.
   (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)
   d. 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:
   a. ☐ To serve the *Request for Order* no less than *(number):* court days before the hearing.
   b. ☐ The hearing date and service of the *Request for Order* to be sooner.
   c. I need the order because *(specify):* ☐ Attachment 9c.
   (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 _____ ▶ **SIGN YOUR NAME** _____
(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* 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

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

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

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

7d: (EXPLAIN BRIEFLY WHY YOU WANT TO CHANGE THE RESTRAINING ORDER)

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

(Required for verified pleading) The items on this page stated on information and belief are *(specify item numbers, **not** line numbers):*

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

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

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:

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

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:

CHECK THE APPRO-PRIATE BOX FOR THE OTHER PARTY

(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 *(day of week)* at 3:00 *(time)* ☐ a.m. ☒ p.m./ If applicable, specify: ☐ start of school ☒ after school
to SUNDAY *(day of week)* at 6:00 *(time)* ☐ a.m. ☒ p.m./ If applicable, specify: ☐ start of school ☐ after school

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

(3) ☒ **Weekdays starting** *(date):* **SPECIFY DATE**
from WEDNESDAY *(day of week)* at 3:00 *(time)* ☐ a.m. ☒ p.m./ If applicable, specify: ☐ start of school ☒ after school
to WEDNESDAY *(day of week)* at 6:00 *(time)* ☐ a.m. ☒ p.m./ If applicable, specify: ☐ start of school ☐ after school

(4) ☒ Other visitation (parenting time) days and restrictions are: ☒ listed in Attachment 2e(4)
☒ as follows: **LIST/SPECIFY DAYS, TIMES, OR RESTRICTIONS HERE -OR- USE FORM MC-020 AND TITLE IT "ATTACHMENT 2e(4)"**

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

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):	FOR COURT USE ONLY
YOUR FIRST AND LAST NAME STREET ADDRESS CITY STATE AND ZIP CODE TELEPHONE NO.: PHONE # FAX NO.(Optional): E-MAIL ADDRESS (Optional): E-MAIL ADDRESS ATTORNEY FOR (Name): IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (ADDRESS OF COURT WHERE MAILING ADDRESS: YOU ARE FILING) CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARTY: OTHER PARENT/ PARTY'S NAME	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): Minor	CASE NUMBER: CASE NUMBER (IF ANY)

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

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	Place of birth	Date of birth	Sex
NAME OF CHILD #1	BAKERSFIELD, CA	DOB	M/F

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
1/1/16 to present	ADDRESS OF CHILD #1 ☐ Confidential	NAME OF PARENT CHILD LIVES WITH ☐ Confidential & CURRENT ADDRESS	MOTHER
BIRTH to 1/1/16	Child's residence (City, State) 123 PREVIOUS ST. OLD TOWN, CA 91234	Person child lived with (name and complete current address) JANE DOE: SAME AS CHILD; JOHN DOE: 123 PREVIOUS, OLD TOWN, CA 91234	PARENTS
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)	

(MUST GIVE ADDRESSES FOR THE LAST 5 YEARS or SINCE BIRTH IF THE CHILD IS LESS THAN 5 YEARS OLD)

b. Child's name	Place of birth	Date of birth	Sex
NAME OF CHILD #2 ☒ Residence information is the same as given above for child a. *(If NOT the same, provide the information below.)*	BAKERSFIELD, CA	DOB	M/F

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
1/1/16 to present	ADDRESS OF CHILD #2 IF DIFFERENT ☐ Confidential FROM CHILD #1 AND	NAME OF PARENT CHILD LIVES WITH ☐ Confidential & CURRENT ADDRESS	FATHER
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)	

* CHECK THIS BOX IF CHILD #2 LIVED WITH CHILD #1 FOR ALL DATES LISTED)

(MUST GIVE ADDRESSES FOR THE LAST 5 YEARS or SINCE BIRTH IF THE CHILD IS LESS THAN 5 YEARS OLD)

CHECK C OR D IF NEEDED

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.)*

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

SHORT TITLE: LAST NAME V. LAST NAME	CASE NUMBER: CASE NUMBER (IF ANY)

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?
[X] 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. [ ] Family						
b. [X] Guardianship	PBX-1234	KCSC: 1215 TRUXTUN, BAKERSFIELD, CA 93301	1/1/2016	MARY SMITH	OBJECTOR	PENDING
c. [ ] Other						

Proceeding	Case Number	Court *(name, state, location)*
d. [ ] Juvenile Delinquency/ Juvenile Dependency		
e. [ ] Adoption		

5. [X] 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. [ ] Criminal				
b. [ ] Family				
c. [ ] Juvenile Delinquency/ Juvenile Dependency				
d. [ ] 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? [X] Yes [ ] No *(If yes, provide the following information)*:

a. Name and address of person	~~b. Name and address of person~~	c. Name and address of person
ROBERT SMITH 9876 MAIN ST. GRAND, PA 54321	* ONLY FILL OUT IF THE CHILD IS NOT LIVING THEIR MOTHER OR THEIR FATHER	
[ ] Has physical custody [X] Claims custody rights [ ] Claims visitation rights	[ ] Has physical custody [ ] Claims custody rights [ ] Claims visitation rights	[ ] Has physical custody [ ] Claims custody rights [ ] Claims visitation rights
Name of each child MARY SMITH	Name of each child	Name of each child

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 _____ (TYPE OR PRINT NAME)

SIGN YOUR 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.

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CASE NAME: LAST NAME V. LAST NAME	CASE NUMBER: CASE NUMBER (IF ANY)

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

C Child's name NAME OF CHILD #3 ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth CITY & STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
Period of residence 1/1/16 to present	Present address ADDRESS OF CHILD #3 IF DIFFERENT THAN CHILD #1 AND ☐ Confidential	Person child lived with *(name and complete current address)* NAME OF PARENT CHILD LIVES WITH & CURRENT ADDRESS ☐ Confidential	Relationship FATHER
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)* (MUST GIVE ADDRESSES FOR THE LAST 5 YEARS or SINCE BIRTH IF THE CHILD IS LESS THAN 5 YEARS OLD)	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

* CHECK THIS BOX IF CHILD #3 LIVED WITH CHILD #1 FOR ALL DATES

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex
Period of residence to present	Address ☐ Confidential	Person child lived with *(name and complete current address)* ☐ 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)*	

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex
Period of residence to present	Address ☐ Confidential	Person child lived with *(name and complete current address)* ☐ 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)*	

Form Adopted for Mandatory Use
Judicial Council of California
FL-105(A)/GC-120(A)
[New January 1, 2009]

Family Code, § 3400 et seq.; Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

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

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: BAKERSFIELD HOSPITAL
b. Employer's address: 124 HOSPITAL ROW, BAKERSFIELD, CA 93301
c. Employer's phone number: (661) 555-5555
d. Occupation: RECEPTIONIST
e. Date job started: 01/2008
f. If unemployed, date job ended: (COMPLETE IF YOU ARE NO LONGER WORKING)
g. I work about 40 hours per week.
h. I get paid $ 1,500.00 gross (before taxes) [X] 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)*: 23
   b. I have completed high school or the equivalent: [X] Yes [ ] No If no, highest grade completed *(specify)*:
   c. Number of years of college completed *(specify)*: 2 [X] 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
   [X] vocational training *(specify)*: MEDICAL FRONT OFFICE
3. **Tax information**
   a. [X] I last filed taxes for tax year *(specify year)*: 2015
   b. My tax filing status is [ ] single [X] head of household [ ] married, filing separately
   [ ] married, filing jointly with *(specify name)*:
   c. I file state tax returns in [X] 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 (TYPE OR PRINT NAME) ▶ SIGN YOUR NAME (SIGNATURE OF DECLARANT)

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

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)	$ 1,500.00	1,400.00
b. Overtime (gross, before taxes)	$ 200.00	0.00
c. Commissions or bonuses	$ 0.00	0.00
d. Public assistance (for example: TANF, SSI, GA/GR) [X] currently receiving (FOR EXAMPLE: FOOD STAMPS; CASH AID)	$ 50.00	50.00
e. Spousal support [ ] from this marriage [ ] from a different marriage	$ 0.00	0.00
f. Partner support [ ] from this domestic partnership [ ] from a different domestic partnership	$ 0.00	0.00
g. Pension/retirement fund payments	$ 0.00	0.00
h. Social security retirement (not SSI)	$ 0.00	0.00
i. Disability: [ ] Social security (not SSI) [ ] State disability (SDI) [ ] Private insurance.	$ 0.00	0.00
j. Unemployment compensation	$ 0.00	0.00
k. Workers' compensation	$ 0.00	0.00
l. Other (military BAQ, royalty payments, etc.) *(specify)*:	$ 0.00	0.00

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

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

7. **Income from self-employment, after business expenses for all businesses** $ 0.00 0.00

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

N/A

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	$ 980.00
b. Stocks, bonds, and other assets I could easily sell	$ 0.00
c. All other property, [ ] real and [ ] personal *(estimate fair market value minus the debts you owe)*	$ -15,000.00

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

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. OLDEST CHILD'S NAME	10	SON	0.00	☐ Yes ☒ No
b. MIDDLE CHILD'S NAME	8	DAUGHTER	0.00	☐ Yes ☒ No
c. YOUNGEST CHILD	6	DAUGHTER	0.00	☐ Yes ☒ No
d. JANE DOE	65	MOTHER	2,500.00	☒ Yes ☐ No
e.				☐ Yes ☐ No

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

a. Home:
(1) ☒ Rent or ☐ mortgage $ 1,000.00
If mortgage:
(a) average principal: $ 0.00
(b) average interest: $ 0.00
(2) Real property taxes $ 0.00
(3) Homeowner's or renter's insurance (if not included above) $ 13.00
(4) Maintenance and repair $ 0.00

b. Health-care costs not paid by insurance $ 50.00

c. Child care $ 500.00

d. Groceries and household supplies $ 600.00

e. Eating out $ 50.00

f. Utilities (gas, electric, water, trash) $ 200.00

g. Telephone, cell phone, and e-mail $ 100.00

h. Laundry and cleaning $ 20.00

i. Clothes $ 50.00

j. Education SCHOOL ACTIVITY $ 80.00

k. Entertainment, gifts, and vacation $ 25.00

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) $ 250.00

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) $ 3.00

n. Savings and investments $ 0.00

o. Charitable contributions $ 20.00

p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here)* $ 320.00

q. Other *(specify)* : $

r. **TOTAL EXPENSES** (a-q) *(do not add in the amounts in a(1)(a) and (b))* $ 3,281.00

s. **Amount of expenses paid by others** $

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

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

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)

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

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. [X] 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	$ 500.00
b. Children's health care not covered by insurance	$ 50.00
c. Travel expenses for visitation	$ 0.00
d. Children's educational or other special needs *(specify below)*:	$ 0.00

N/A

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	$ 0.00	0
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	$ 0.00	0
c. (1) Expenses for my minor children who are from other relationships and are living with me	$ 0.00	0

    (2) Names and ages of those children *(specify)*:
    N/A **N/A**

    (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.

SAMPLES 2016

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

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

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

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

Martin Dean's
ESSENTIAL FORMS™

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address):	FOR COURT USE ONLY
YOUR FIRST AND LAST NAME IN PRO PER STREET ADDRESS CITY STATE AND ZIP CODE TELEPHONE NO.: PHONE # FAX NO.: ATTORNEY FOR (Name): IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: STREET ADDRESS OF THE COURT MAILING ADDRESS: CITY AND ZIP CODE: CITY, STATE, ZIPCODE OF THE COURT BRANCH NAME:	
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY: OTHER PARENT/ PARTY'S NAME	CASE NUMBER: CASE NUMBER (IF ANY)
PROOF OF PERSONAL SERVICE	(If applicable, provide): HEARING DATE: DATE OF HEARING HEARING TIME: TIME OF HEARING DEPT.: DEPARTMENT NUMBER

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. [X] 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)*:
   SERVER'S NAME
   STREET ADDRESS
   CITY, STATE, AND ZIP CODE
   PHONE NUMBER
7. [X] 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 _____ ▶ **SERVER SIGNS HERE** _____

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

Martin Dean's ESSENTIAL FORMS™

2016 SAMPLE

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.