SUPERIOR COURT OF CALIFORNIA COUNTY OF KERN

REQUEST FOR ORDER

- 1. <u>COMPLETE THE FORMS ATTACHED.</u> Type or print in blue or black ink only. Writing must be legible. See FL-300-INFO for more information and other required forms. You may download fillable forms from <u>www.courts.ca.gov/forms</u>.
- 2. DATE, PRINT NAME AND SIGN ALL FORMS BEFORE FILING.
- 3. MAKE COPIES OF EACH FORM. Make two (2) copies of each form, front and back pages. **Note**: You may need additional copies if there are multiple parties involved.
- 4. <u>FILING FEE.</u> There is a fee to file. If you cannot afford the fee, you may be eligible to have the fee "waived" by completing an <u>Application for Fee Waiver</u> ask the clerk for a packet.
- 5. <u>FILE YOUR FORMS.</u> The original form and all copies must be filed with the Family Law Department. The clerk will keep the original and return the file stamped copies to you for further action. One copy is for your records; the other copies are for service to the other party(ies).
- 6. <u>SERVE YOUR DOCUMENTS</u>. "SERVICE" means that someone other than you, over the age of 18, must *personally* deliver (serve) a copy of the filed endorsed papers to the other party. You must also serve the other party with the blank Responsive Declaration to Request for Order ask the clerk for a packet. If you prefer, you can arrange to have the Sherriff's Department or private process server serve the papers at a cost. See additional information regarding service deadlines on form FL-300-INFO.
- 7. <u>FILE THE PROOF OF SERVICE</u>. After service has been completed, the person who served the papers must complete and sign the "Proof of Personal Service," included in this packet. Once completed, the form **must** be filed with the Family Law Department no later than <u>five (5) court days before the hearing</u>. *Note: Your case may not be heard unless proof of service is on file.
- 8. <u>FOLLOW-UP</u>. These documents only request a hearing before a judge on the issues addressed. Following the hearing, a "Findings and Order After Hearing" must be prepared consisting of additional forms that adhere and formalize any order made in Court.

NOTICE

PERSONNEL OF THE CLERKS OFFICE OF THE SUPERIOR COURT ARE NOT ALLOWED BY LAW TO GIVE LEGAL ADVICE OR ASSIST IN THE PREPARATION OF ANY FORMS.

PURSUANT TO CA RULE OF COURT 2.200, A PARTY WHOSE ADDRESS CHANGES WHILE AN ACTION IS PENDING MUST SERVE ON ALL PARTIES AND FILE A WRITTEN NOTICE OF CHANGE OF ADDRESS WITH THE COURT- Ask the clerk for Notice of Change of Address and Other Contact Information form

FL-300-INFO

Information Sheet for Request for Order

(1)	USE	Request	for Orde	<i>r</i> (form	FL-300):

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

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

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

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a. Form FL-300, Request for Order, is the basic form you need to file with the court. Depending on your request

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

FL-300-INFO

Information Sheet for Request for Order

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

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

In the fourth box, check "CHANGE" if you want to change an existing order. Check

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

- Item 1: List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.
- Item 2: Leave this blank. The court clerk will fill in the date, time, and place of the hearing.
- Item 3: This is a notice to all other parties.

Items Leave these blank. The court will complete them if it orders a hearing.

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

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

Items Leave these blank. The court will7-8: complete them, if needed.

- 5 Complete form FL-300 (pages 2–4)
- Complete additional forms and make copies
 Complete any additional forms that you need to file
 with the *Request for Order*. Make at least two copies
 of your full packet.

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

7 File your documents

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

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

8 Pay filing fees
A fee is due at the time of fi

A fee is due at the time of filing.

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

Information Sheet for Request for Order

9

Temporary Emergency (Ex Parte) Orders

(not domestic violence restraining orders)

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

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

To request these orders:

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

(10) General information about "service"

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

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

- Serve the Request for Order and blank forms
 The other party must be "served" with a:
 - Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
 - Copy of any temporary emergency orders granted.
 - Blank form FL-320, Responsive Declaration to Request for Order.
 - Blank <u>form FL-150</u>, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

12) Who can be a "server"

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

(13) "Personal Service"

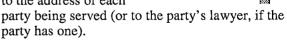
Personal service means that your "server" walks up to each person to be served, makes sure the right person is being served, and hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.



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

(14) "Service by mail"

means that your "server" places copies of all the papers (including blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party being serv



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

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



FL-300-INFO Information Sheet for Request for Order

15) When to use personal service or service by mail

Personal Service

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

You must use personal service when the court:

- ☑ Ordered personal service;
- ☑ Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:
 - Been served with a Summons and Petition;*
 - Appeared in the case by filing a:
 - a. Response to a Petition;
 - b. Appearance, Stipulations, and Waivers;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.

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

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

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

Service by Mail

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

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

A Request for Order to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:

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

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

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

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

Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at http://www.courts.ca.gov/1094.htm.
- For information about having the other party testify in court, go to http://www.courts.ca.gov/29283.htm.
- After the hearing, the order made on form FL-340, Findings and Order After Hearing, must be filed and served.

Do you have questions or need help?

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



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1	ARTY WITHOUT ATTORNEY OR ATTORNEY:		STATE BAR NO.:	FOR COURT USE ONLY	
1	AME:	•			
	RM NAME: FREET ADDRESS:				
	TY:	STATE:	ZIP CODE:		
`	TELEPHONE NO.:	FAX NO.:	211 0002.		
	E-MAIL ADDRESS:				
	ATTORNEY FOR (name):				
s	UPERIOR COURT OF CALIFORNIA,	COUNTY OF			
ŀ	STREET ADDRESS:				
	MAILING ADDRESS:				
	CITY AND ZIP CODE:				
	BRANCH NAME:				
	PETITIONER:				
	RESPONDENT:				
0	THER PARENT/PARTY:				
R	EQUEST FOR ORDER C	HANGE TEMPO	RARY EMERGENCY ORDERS	CASE NUMBER:	
		ion (Parenting Time)	Spousal or Partner Support		
Ī	Child Support Domes	stic Violence Order	Attorney's Fees and Costs		
	Property Control Other	(specify):	-		
		NO	TICE OF HEARING		
1.	TO (name(s)):	110	HOL OF HEARING		
	Petitioner	Respondent	Other Parent/Party	Other (specify):	
				and (epolity).	
2.	A COURT HEARING WILL BE	HELD AS FOLLOWS			
	a. Date:	Time:	Dept.:	Room:	
	b. Address of court asan	ne as noted above	other (specify):		
3.	not file a Responsive Declaration before the hearing (unless the comore information.)	n to Request for Order ourt has ordered a sho	(form FL-320), serve a copy on the	e requested orders without you if you do no other parties at least nine court days the hearing. (See form FL-320-INFO for appleting this form.)	
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			COURT ORDER (FOR COURT USE ONLY)		
lt i	s 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 (fo	rm FL-320) must be served on or	before (date):	
6.	The parties must attend an a	appointment for child co	ustody mediation or child custody	recommending counseling as follows	
	(specify date, time, and loca	tion):			
7.		* · · · · · · · · · · · · · · · · · · ·		proceeding and must be personally	
	served with all documents file		or Order.		
8.	Other (specify):	ed with this <i>Request fc</i>			
	Other (specify).	ed with this <i>Request f</i> c			
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		FL-300
	PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
<u> </u>	REQUEST FOR ORDER	
	Note: Place a mark in front of the box that applies to your case or to your rec "Attachment." For example, mark "Attachment 2a" to indicate that the list of children attached to this form. Then, on a sheet of paper, list each attachment number follow your name, case number, and "FL-300" as a title. (You may use Attached Declaration)	n's names and birth dates continues on a paper wed by your request. At the top of the paper, write
1.	RESTRAINING ORDER INFORMATION One or more domestic violence restraining/protective orders are now in effect by Petitioner Respondent Other Parent/Party (Attach a continuous protection of the orders are from the following court or courts (specify county and state): a. Criminal: County/state (specify): Case No. (in the county of the cou	opy of the orders if you have one.) if known): if known): if known):
2.	CHILD CUSTODY VISITATION (PARENTING TIME) a. I request that the court make orders about the following children (specify): Childle Name Data of Right Legal Custody to (pe	
	b. The orders I request for child custody visitation (pare (1) Specified in the attached forms: Form FL-305 Form FL-311 Form FL-341(E) Form FL-341(D) Form FL-341(E) As follows (specify):	Attachment 2a. nting time) are: -312 Form FL-341(C)
	c. The orders that I request are in the best interest of the children because (s d. This is a change from the current order for child custody	Attachment 2c. Attachment 2c. ivisitation (parenting time).
	(1) The order for legal or physical custody was filed on (date):	. The court ordered (specify)
	(2) The visitation (parenting time) order was filed on (date):	. The court ordered (specify): Attachment 2d.

				FL-30
PETITIONER:		CAS	SE NUMBER:	
RESPONDENT: OTHER PARENT/PARTY:				
		——————————————————————————————————————	· · ·	
(Note: An earnings assignma. I request that the court of		Income Withholding for Suppo	ort (<u>form FL-195</u>)	
Child's name and age	<u> </u>	request support for each nild based on the child suppor	Monthly amount (\$ t guideline. (if not by guideline)	
	a current court order for cl support as follows <i>(speci</i> i	nild support filed on <i>(date):</i> fy):	Attachment 3a	<u>1.</u>
			<i>spense Declaration</i> (<u>form FL-150)</u> quirements to file form FL-155.	or I filed
d. The court should make o	or change the support ord	lers because <i>(specify)</i> :	Attachment 3c	<u>1.</u>
 a. Amount requested b. I want the court to The court ordered c. This request is to represent the thick that addresses the d. I have completed and file 	t (monthly): \$ change ce \$ modify (change) spousal of and attached Spousal or a same factors covered in the cell a current Income and a same factors.	form FL-157.	er filed on (date):	
PROPERTY CONTROL a. The petitioner control of the following p		· · · · · · · · · · · · · · · · · · ·	I request temporary emerger exclusive temporary use, posses or rent (specify):	-
	respondent of	ther parent/party be ordere	ed to make the following payment	ts on debts
	hile the order is in effect:			
and liens coming due w Pay to:	For:		Due date:	
and liens coming due w Pay to: Pay to:	For:	Amount: \$	Due date:	~
and liens coming due w Pay to: Pay to: Pay to:	For: For: For:	Amount: \$ Amount: \$		

PETITIONER: RESPONDENT: OTHER PARENT/PARTY: ATTORNEY'S FEES AND COSTS	CASE NUMBER:
 I request attorney's fees and costs, which total (specify amount): \$ a. A current Income and Expense Declaration (form FL-150). b. A Request for Attorney's Fees and Costs Attachment (form FL-319) in that form. c. A Supporting Declaration for Attorney's Fees and Costs Attachment factors covered in that form. 	
DOMESTIC VIOLENCE ORDER	
 Do not use this form to ask for domestic violence restraining orders <i>Temporary Restraining Order</i>, for forms and information you need Read form DV-400-INFO, How to Change or End a Domestic Viole 	to ask for domestic violence restraining orders.
 a. The Restraining Order After Hearing (form DV-130) was filed on (da b. I request that the court change end the personal of protective orders made in Restraining Order After Hearing (form DV-c I request that the court make the following changes to the restraining order protective orders made in Restraining Order After Hearing (form DV-130) was filed on (da b. I request that the court make the following changes to the restraining order protective orders made in Restraining Order After Hearing (form DV-130) was filed on (da b. I request that the court change end the personal change change	conduct, stay-away, move-out orders, or other -130). (If you want to change the orders, complete 7c.)
d. I want the court to change or end the orders because (specify):	Attachment 7d.
OTHER ORDERS REQUESTED (specify):	Attachment 8.
TIME FOR SERVICE / TIME UNTIL HEARING urgently need: a. To serve the Request for Order no less than (number): b. The hearing date and service of the Request for Order to be s. c. I need the order because (specify):	court days before the hearing. cooner. Attachment 9c.
FACTS TO SUPPORT the orders I request are listed below. The facts the cannot be longer than 10 pages, unless the court gives me permission.	
eclare under penalty of perjury under the laws of the State of California that th rue and correct. re:	ne information provided in this form and all attachments
(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 Accommodations by Persons With Disabilities and Response (form MC-410). (Civ. Code, § 54.8.)

				MC-025
SHORT TITLE:			CASE NUMBER:	
-				
	-			
		ENT (Number): ne used with any Judicial (

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

Page ____ of ____ (Add pages as required)



		FL-15
	ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS	S:	
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (1		_
i	OURT OF CALIFORNIA, COUNTY OF	
STREET ADDRES		
MAILING ADDRES		
CITY AND ZIP COD		
BRANCH NAM		
	PETITIONER:	
	RESPONDENT:	
OTHER PARTY	Y/PARENT/CLAIMANT:	
	INCOME AND EXPENSE DECLARATION	CASE NUMBER:
1. Employme	ent (Give information on your current job or, if you're unemployed, your most	recent job.)
Attach copies	_	. ,
of your pay	b. Employer's address:	
stubs for last		
two months	c. Employer's phone number: d. Occupation:	
(black out	· ·	
Social	e. Date job started:	
***	f. If unemployed, date job ended:	
Security numbers).	g. I work about hours per week.	
namberaj.	h. I get paid \$ gross (before taxes) per	month L per week L per hour.
If you have moobs. Write "Q	ore than one job, attach an 8 1/2-by-11-inch sheet of paper and list the sa uestion 1 - Other Jobs" at the top.)	me information as above for your other
2. Age and e	ducation	
•	e is (specify):	
	completed high school or the equivalent: Yes No If no, highest gra	ado completed (anacifu):
	<u> </u>	
e. I have:		(s) obtained <i>(specify):</i>
0. 11140.	vocational training (specify):	
3. Tax inforn		
	ast filed taxes for tax year <i>(specify year):</i>	
		g separately
	arried, filing jointly with (specify name):	
	ate tax returns in California other (specify state):	
d. I claim	the following number of exemptions (including myself) on my taxes (specify):	
	ty's income. I estimate the gross monthly income (before taxes) of the other pate is based on (explain):	arty in this case at (specify): \$
If you need me question numb	ore space to answer any questions on this form, attach an 8 1/2-by-11-indoper before your answer.) Number of pages attached:	ch sheet of paper and write the
	penalty of perjury under the laws of the State of California that the information s is true and correct.	contained on all pages of this form and
Date:		
Jait.		
	(TVDE OR RRINT NAME)	(OLONIATION OF PEOLADANITA

$\overline{}$			FL-150
	PETITIONER: RESPONDENT:	CASE NUMBER:	
ОТІ	HER PARTY/PARENT/CLAIMANT:		
Attac retur	ch copies of your pay stubs for the last two months and proof of any other income. 'n to the court hearing. <i>(Black out your Social Security number on the pay stub and</i>	Take a copy of your latest	federal tax
	nowing (ION ICIUIII.)	
5. l	Income (For average monthly, add up all the income you received in each category in the	e last 12 months	Average
	and divide the total by 12.)	Last month	
	a. Salary or wages (gross, before taxes)		
	b. Overtime (gross, before taxes)		
(c. Commissions or bonuses	\$	
(d. Public assistance (for example: TANF, SSI, GA/GR) — currently receiving	\$	
•	e. Spousal support 🔲 from this marriage 🔲 from a different marriage 🔲 federall	y taxable* \$	<u> </u>
	f. Partner support from this domestic partnership from a different domestic partnership from a different domestic partnership		
í	g. Pension/retirement fund payments	<u>\$</u>	•
r :	h. Social Security retirement (not SSI)		
:	i. Disability: Social Security (not SSI) State disability (SDI) Private		
J	. Unemployment compensation	<u>\$</u>	
	k. Workers' compensation		
,	I. Other (military allowances, royalty payments) (specify):	\$	·
a b	Investment income (Attach a schedule showing gross receipts less cash expenses for each a. Dividends/interest b. Rental property income	\$ \$ \$	
C	u. Quiei (s <i>pecity).</i>	\$	
ן ח ד <i>ב</i>	Income from self-employment, after business expenses for all businesses I am the owner/sole proprietor business partner other (specify): Number of years in this business (specify): Name of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a Schedule C from your leads of the security number. If you have more than one business, provide the information	sst federal tax return. Blac n above for each of your b	ek out your usinesses.
в. [Additional income. I received one-time money (lottery winnings, inheritance, etc.) in amount):	the last 12 months (specify	source and
9. [Change in income. My financial situation has changed significantly over the last 12 n	nonths because (specify):	
10. L	Deductions		Last month
	a. Required union dues	\$	·
a	a. Required union dues	\$	
a	a. Required union dues		
a b	a. Required union dues		
a b c	Required union dues Required retirement payments (not Social Security, FICA, 401(k), or IRA) Medical, hospital, dental, and other health insurance premiums (total monthly amount) Child support that I pay for children from other relationships Spousal support that I pay by court order from a different marriage federally tax	\$ \$ \$ deductible* \$	
a b c c c f	A. Required union dues D. Required retirement payments (not Social Security, FICA, 401(k), or IRA) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Child support that I pay for children from other relationships D. Spousal support that I pay by court order from a different marriage D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Medical, hospital, hospital, and hospital, an	\$ \$ \$ deductible* \$	
a b c c c f	Required union dues Required retirement payments (not Social Security, FICA, 401(k), or IRA) Medical, hospital, dental, and other health insurance premiums (total monthly amount) Child support that I pay for children from other relationships Spousal support that I pay by court order from a different marriage federally tax	\$ \$ \$ deductible* \$	
a b c c e f.	Required union dues Required retirement payments (not Social Security, FICA, 401(k), or IRA) Medical, hospital, dental, and other health insurance premiums (total monthly amount) Child support that I pay for children from other relationships Spousal support that I pay by court order from a different marriage federally tax Partner support that I pay by court order from a different domestic partnership Necessary job-related expenses not reimbursed by my employer (attach explanation later)	deductible* \$ sabeled "Question 10g")\$	
a b c c f. g	Required union dues Required retirement payments (not Social Security, FICA, 401(k), or IRA) Medical, hospital, dental, and other health insurance premiums (total monthly amount) Child support that I pay for children from other relationships Spousal support that I pay by court order from a different marriage federally tax Partner support that I pay by court order from a different domestic partnership Necessary job-related expenses not reimbursed by my employer (attach explanation la	deductible* \$ sabeled "Question 10g")\$	otal
a b c c e f. g	a. Required union dues D. Required retirement payments (not Social Security, FICA, 401(k), or IRA) D. Medical, hospital, dental, and other health insurance premiums (total monthly amount) D. Child support that I pay for children from other relationships D. Spousal support that I pay by court order from a different marriage D. Fartner support that I pay by court order from a different domestic partnership D. Necessary job-related expenses not reimbursed by my employer (attach explanation lands) Assets D. Cash and checking accounts, savings, credit union, money market, and other deposit	deductible* \$ subeled "Question 10g")\$	otal
a b c c f. g 11. A a b	Required union dues Required retirement payments (not Social Security, FICA, 401(k), or IRA) Medical, hospital, dental, and other health insurance premiums (total monthly amount) Child support that I pay for children from other relationships Spousal support that I pay by court order from a different marriage federally tax Partner support that I pay by court order from a different domestic partnership Necessary job-related expenses not reimbursed by my employer (attach explanation la	deductible* \$ subeled "Question 10g")\$	otal

maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONE			CASE NUMBER:		
RESPONDE				•	
OTHER PARTY/PARENT/CLAIMA	NT:				
O The fellowing are all the c	.tal.				
2. The following people live v	/ith me:	How the person is	That person's gross	Pays some of the	
Name	Age	related to me (ex: so		household expenses?	
a.	7,90	Totaled to the Text be	monthly meetic	Yes No	
b.				Yes No	
c.				Yes No	
d.				Yes No	
e.				Yes No	
		, , , ,		1	
Average monthly expenses a. Home:	Estimated	·	expenses Proposed		
(1) Rent or mo	ortanan ¢	h. Laund	ry and cleaning	\$	
If mortgage:	ntgage	i. Clothe	s	\$	
	. •	j. Educa	tion	\$	
(a) average principa		k. Enterta	ainment, gifts, and vacation	\$	
(b) average interest:			xpenses and transportation		
(2) Real property taxes			ince, gas, repairs, bus, etc.)	\$	
(3) Homeowner's or rente		m Incura	nce (life, accident, etc.; do no		
•)\$	auto h	ome, or health insurance)	\$	
(4) Maintenance and repa		n Savina	s and investments		
 b. Health-care costs not paid 	•	o. Charitable contributions		\$	
c. Child care	•	p. Monthly payments listed in item 14			
 d. Groceries and household 	supplies\$	•	here) \$		
e. Eating out	\$	-	· ·		
f. Utilities (gas, electric, wat	er, trash)\$	q. Other (specify):			
g. Telephone, cell phone, ar	ıd e-mail\$	TOTAL	EVERNOES () (-11-	-1.1.5-	
		r. IOIAI	EXPENSES (a-q) (do not ac	a in	
		tne am	ounts in a(1)(a) and (b))	\$	
		s. Amou	nt of expenses paid by othe	ers \$	
4. Installment payments and			1		
Paid to	For	Amount	Balance	Date of last payment	
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		•	•		
5. Attorney fees (This is require	ed if either party is rec	uestina attornev fees.):			
a. To date, I have paid my	• -): \$		
b. The source of this mone		, , , , , , , , , , , , , , , , , , ,	, · ·		
c. I still owe the following fe	· · · · · · · · · · · · · · · · · · ·	orney (specify total owed	/) · \$		
d. My attorney's hourly rate		omey (opeony total emea). •		
	io (opcony).				
confirm this fee arrangement.					
Date:					
		L			
_		/			
(TYPE OR PRINT	NAME)		(SIGNATURE OF DEC	JLARANT)	

		FL-150
PETITIONER:	CASE NUMBER:	
RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:		
CHILD SUPPORT INFORM (NOTE: Fill out this page only if your case in		
16. Number of children	ivolves cilia support.	
a. I have (specify number): children under the age of 18 with the oth	par parant in this case	
b. The children spend percent of their time with me and their time with the percent of the percent of their time with me and the percent of th		ner parent.
(If you're not sure about percentage or it has not been agreed on, please		
		•
17. Children's health-care expenses		
a. I do I do not have health insurance available to me for the	children through my job.	
b. Name of insurance company:		
c. Address of insurance company:		
d. The monthly cost for the children's health insurance is or would be (special for the children's health insurance is or wo	ify): \$	
(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		
b. Children's health care not covered by insurance c. Travel expenses for visitation		
d. Children's educational or other special needs (specify below):		
		
19. Special hardships . I ask the court to consider the following special financial of court and described the special financial of court and beautiful for a court or described the special financial of court and spec	circumstances	
(attach documentation of any item listed here, including court orders):	Amount per month	For how many months
a. Extraordinary health expenses not included in 18b	\$	
b. Major losses not covered by insurance (examples: fire, theft, other		,
insured loss)	\$	
c. (1) Expenses for my minor children who are from other relationships and		
are living with me	\$	
(2) Names and ages of those children (specify):		
(3) Child support I receive for those children	\$	
(2) 2.710 Support 1 1000110 for a 1000 Ormalott	······································	

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

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

FL-150 [Rev. January 1, 2019]

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	PETITIONER: RESPONDENT:	CASE NUMBER:	
	SPOUSAL OR DOMESTIC PARTNER SUPPORT DECI	LARATION ATTACH	HMENT
		Supporting Declaration Costs Attachment (for	<i>n for Attorney's Fees and</i> m FL-158)
1.	 b. I request that the court (check all that apply) (1) enter a judgment for spousal or domestic partner support for p 	petitioner re	,
2.	Attorney fees and costs. I request that the court (check one): a. order my attorney fees and costs to be paid by my spouse or dome	estic partner 🔲 a j	joined party (specify):
	b. deny the request for attorney fees and costs.		
SE	ECTION 1: FACTS ABOUT BOTH PARTIES		
3.	. Length of marriage or domestic partnership (Family Code section 4320(f))		•
	a. (1) Date of marriage: (2) Date of separation: (3) Time from date of marriage to date of separation:		years month:
	b. (1) Date domestic partnership was registered:(2) Date of separation:(3) Time from date of registration of the domestic partnership to date of separation.	ration:	years months
	c. If applicable, total combined years and months for the marriage (a(3)) and the domestic partnership (b(3))		years months
4.	Standard of living of the marriage or domestic partnership (Family Code section The standard of living established during the marriage or domestic partnership was income tax return, type and frequency of vacations, value of home and other real owned, credit card use or nonuse, ability to save for retirement):	s (describe, for examp	

		FL-15
	PETITIONER: RESPONDENT:	CASE NUMBER:
5.	 Age and health of the parties (Family Code section 4320(h)) a. The age of the party asking for support is: b. The age of the party being asked to pay support is: c. The health condition of the party asking for support is (describe): 	See Attachment 5c
	d. The health condition of the party being asked to pay support is <i>(describe):</i>	See Attachment 5d
6.	 Documented history of domestic violence (Family Code section 4320(i)) The court will consider all documented evidence of any history of domestic violer party against either party's child, including but not limited to the following: a. A plea of nolo contendere ("no contest"). b. Emotional distress resulting from domestic violence against the party asking c. Any history of violence against the party being asked to pay support by the p d. A Restraining Order After Hearing (form DV-130). e. A finding by a court as part of a case involving divorce, separation, or a child in family court in which the court has found that the spouse or domestic parts f. Other evidence of any history of violence between the parties. Attach to this form copies of the documents that you want the court to consider. It	for support by the party being asked to pay support arty asking for support. custody proceeding, or any other proceeding her committed domestic violence.
7.	Documented evidence of criminal conviction (Family Code section 4320(m)) a. Felony conviction of the party asking for support The party being asked to pay support requests that the court find that the party receiving support (including medical, life, or other insurance benefits or payment). The party asking for support was convicted of a violent sexual felony or consistent to pay support within five years after the conviction (and any time sexual for divorce was filed within five years after the spouse's or deserved in custody or on parole).	rty asking for support is prohibited by law from nents) under Family Code section 4324.5 because: lomestic violence felony against the party being served in custody, on probation or on parole); and
	 b. Misdemeanor conviction of the party asking for support (1) There is a rebuttable presumption that the party asking for support is pro asked to pay support under Family Code section 4325 because: (A) The party asking for support was either convicted of a domestic viole to pay support in this case or convicted of a misdemeanor against the under Penal Code section 1203.097); and (B) The conviction was entered by the court within five years before the entered at any time during the divorce case). 	ence misdemeanor against the party being asked ne other party that resulted in a term of probation
	 (2) Based on a preponderance of the evidence, (A) The party being asked to pay support asks the court to find that (B) The party asking for support asks the court find that the presum Attach to this form a declaration and documents that you want to 	ption has been rebutted.

			FL-157
	PETITIONER: SPONDENT:	CASE NUMBER:	
SECTI	ON 2: FACTS ABOUT THE PARTY ASKING FOR SUPPORT		
B. Ea	rning capacity (Family Code section 4320(a)(1)		
a.	The marketable skills (training, job skills, and work history) of the party asking for	or support (describe):	See Attachment 8a
b.	The current job market for the job skills of the party asking for support is (specify	y):	See Attachment 8b
c.	The time and expenses required for the party asking for support to acquire the a and training to develop the skills for the job market described in (b) (specify):	ppropriate education	See Attachment 8c
d.	The possible need for retraining or education to acquire other, more marketable employment (specify):	skills or	See Attachment 8d
e.	Indicate the extent to which the party asking for support is able to earn enough restablished during the marriage or domestic partnership.	noney to maintain the	standard of living

FL-1			
		HONEA.	CASE NUMBER:
Ĺ	RESPO	DNDENT:	
9.	a. Th	attend to domestic duties. (Complete (b) if there were periods of unemployment	•
	b. S _l	pecify the extent to which the present or future earning capacity of the party asl nemployment to devote time to domestic duties during the marriage or domestic	king for support is impaired by periods of c partnership.
10.	a. T	ributions to the education and training of the party being asked to pay sup the party asking for support did did not contribute to the educate party being asked to pay support (If the party asking for support did contribute)	tion, training, career position, or license of
		pecify the extent to which the party asking for support contributed to the educat arty being asked to pay support.	tion, training, career position, or license of the
11.	a. Ti m b. Ti	parriage or domestic partnership. (Complete (b) if there were periods of unemple	See Attachment 11 byment to care for the children of the byment.) ed without unduly interfering with the interests .
12	Specif	s of the party asking for support (Family Code section 4320(d)) fy the needs of the party asking for support based on the standard of living estaership, as described in question 4.	See Attachment 12 ablished during the marriage or domestic
13.		es and debts (Family Code section 4320(e)) the assets, including separate property, of the party asking for support are (spec	See Attachment 13 cify):

						FL-157
F	PETITIO RESPOND				CASE NUMBER:	
i	b. The d	debts, including separate	property, of the party a	asking for support are <i>(spec</i>	pify):	
		sequences (Family Code ediate and specific tax co		rty asking for support are <i>(s</i>	specify):	See Attachment 14
15.		support to make reason factors in Family Code s appropriate if the case i Generally, failure to be	or domestic partner subtle efforts to become section 4320. The cour involves a marriage or some self-supporting at	4320(/)) upport in a judgment, the coself-supporting within a reat may decide that this warnidomestic partnership of longiter the court gives the warn	asonable period of time ing (often called a "Ga g duration (about 10 y	e, considering all the vron" warning) is not ears or longer).
	- This	amount of the support a				
		party asking for support	is is not	partnership of long duration self-supporting (If not, spec a a reasonable period of time	cify below what steps,	if any, the party asking
•	c. Other	r (specify below): .				

_		FL-157
	PETITIONER: RESPONDENT:	CASE NUMBER:
SE	CTION 3: FACTS ABOUT THE PARTY BEING ASKED TO PAY SUPPORT	
	Ability to pay support / earning capacity (Family Code sections 4320(a) and (c))	See Attachment 16
	a. The earned income of the party being asked to pay support is (specify):	unknown
	b. The unearned income of the party being asked to pay support is (specify):	unknown
	c. This party does does not have the ability to earn enough money to 4 for both spouses or domestic partners. (If not, explain why below.)	to maintain the standard of living described in
	d. Record on the choice recommend this party.	
17		spousal or domestic partner support.
17.	Needs of the party being asked to pay support (Family Code section 4320(d)) Specify the needs of the party being asked to pay support based on the standard of domestic partnership, as described in question 4.	See Attachment 17 living established during the marriage or
18.	Assets and debts (Family Code section 4320(e))	See Attachment 18
	a. The assets, including separate property, of the party being asked to pay support	-
	b. The debts, including separate property, of the party being asked to pay support a	are (specify):
10	Tour company (Family Code as attent (CCC))	□ 0 o o Alle o bene o o d d 0
18.	Tax consequences (Family Code section 4320(j)) The immediate and specific tax consequences for the party being asked to pay supp	ort (specify):
	•	

		FL-157
PETITIONER: RESPONDENT:	CASE NUMBER:	
SECTION 4: BALANCE OF HARDSHIPS AND OTHER FACTORS		
20. Balance of hardships (Family Code section 4320(k)) Describe below any special financial difficulties to the party if ordered to pay su asking for support. (For example, consider the ability of a party to pay support of financial support).	ipport compared to the ha versus the need of the oth	See Attachment 20 rdship to the party who is ner an party to receive
21 Indicate below other factors if any that the count of a last th		
 Indicate below other factors, if any, that the court should consider that are just a spousal or domestic partner.(Family Code section 4320(n)) 	and equitable in ordering	See Attachment 21
Number of pages attached:		

	FL-330
ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address)	FOR COURT USE ONLY
<u> </u>	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS:	:
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
	(If applicable, provide):
OTHER PARENT/PARTY:	HEARING DATE: HEARING TIME:
PROOF OF PERSONAL SERVICE	DEPT.:
l	
1. I am at least 18 years old, not a party to this action, and not a protected person listed in a	iny of the orders.
2. Person served (name):	
3. I served copies of the following documents (specify):	
4. By personally delivering copies to the person served, as follows:	
a. Date: b. Time: c. Address:	
c. Address:	
5. lam	
	ration under Business & Profession
 b. a registered California process server. Code section 2235 c. an employee or independent contractor of a e. a California sheriff 	
registered California process server.	o, maionan
6. My name, address, and telephone number, and, if applicable, county of registration and n	umber (specify):
7 Diddelan under nandhustanium under til 1990 ti	
 I declare under penalty of perjury under the laws of the State of California that the for I am a California sheriff or marshal and I certify that the foregoing is true and correct. 	
o rain a camonia sheriii of marshal and reentiy that the folegoing is tide and correct.	•
Date:	
L	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNAT	TURE OF PERSON WHO SERVED THE PAPERS)
(Colors)	

Page 1 of 1

