

REQUEST FOR ORDER PACKET

This packet does not contain Domestic Violence (CLETS) Restraining Orders.

KIMBERLY FLENER
Court Executive Officer
Superior Court of California, County of Butte
1775 Concord Ave.,
Chico, California 95928
(530)532-7008
07/01/2016

Filing Fees - Family Law

Please see the Fee Schedule for complete and current listing of fees.

You may request forms for waiver of court fees and costs.

Request for Order involving Child Visitation/Custody	\$ 85.00*
Any other Request for Order	\$ 60.00*

*plus first appearance fee, if not already paid

If you need assistance with the preparation of any forms, you may contact the
Self Help Assistance and Referral Program (S.H.A.R.P.) at
One Court Street, Oroville, CA (530) 532-7015
1775 Concord Ave., Chico, CA (530) 532-7024
You may also visit the California Courts self help website at
www.courtinfo.ca.gov

1 USE Request for Order (form FL-300):

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

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

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, speak with 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 set aside a child support order, use form FL-360 or form FL-640.
 - To set aside a voluntary declaration of paternity, use form FL-280.

3 Forms checklist

- a. Form FL-300, Request for Order, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- 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
- c. If you want child support, you need this form:
 - A current FL-150, Income and Expense Declaration. You may use form FL-155, Financial Statement (Simplified) instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. 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)
- e. If you want attorney’s fees and costs, you need these forms:
 - 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 (or provide the information in a declaration)
- 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.
- g. If you plan to have witnesses testify at the hearing, you need form:
 - FL-321, Witness List
- h. If you want to request a separate trial (bifurcation) on an issue, you need form:
 - FL-315, Request or Response to Request for Separate Trial



4 Complete form FL-300 (Page 1)

Caption: Complete the top portion with your name, address, and telephone number, and the court address. Next, write the name of the Petitioner, Respondent, or Other Parent/Party (You must use the party names as they appear in the petition that was originally filed with the court). Then, write the case number. In the next section, check "CHANGE" if you want to change an existing order. Check "TEMPORARY EMERGENCY (EX PARTE) ORDER" if you are asking that the court make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting.

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 location of the hearing.

Item 3: This is a notice to all other parties.

Items 4-5: Leave these blank. The court will complete them if the orders are granted.

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

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

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

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

6 Complete additional forms and make copies

Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO. (HOME ADDRESS) ATTORNEY FOR (NAME):		STATE BAR NO. STATE: ZIP CODE: FAX NO.:	FL-300 FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:			
REQUEST FOR ORDER: <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS		CASE NUMBER:	
<input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control		<input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	
NOTICE OF HEARING			
1. TO (name(s)): <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other Parent/Party <input type="checkbox"/> Other (specify):			
2. A COURT HEARING WILL BE HELD AS FOLLOWS:			
a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____			
3. WARNING to the person served with the Request for Order: The court may make the requested orders without you if you do not file a Responsive Declaration to Request for Order (form FL-320), serve a copy on the other parties at least three 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-100-INFO provide information about completing this form.)			
COURT ORDER (FOR COURT USE ONLY)			
It is ordered that:			
4. <input type="checkbox"/> Time <input type="checkbox"/> for service <input type="checkbox"/> until the hearing is shortened. Service must be on or before (date): _____			
5. <input type="checkbox"/> A Responsive Declaration to Request for Order (form FL-320) must be served on or before (date): _____			
6. <input type="checkbox"/> The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): _____			
7. <input type="checkbox"/> 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. <input type="checkbox"/> Other (specify): _____			
Date: _____		JUDICIAL OFFICER _____	
<small>Form Accepted for Preliminary Use Judicial Council of California FL-300 (Rev. July 1, 2016)</small>		REQUEST FOR ORDER	

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

7 File your documents

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

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

8 Pay filing fees

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



9 Temporary Emergency (Ex Parte) Orders
(nondomestic 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.

11 Serve the Request for Order and blank forms

The other party must be “served” with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank form FL-320, *Responsive Declaration to Request for Order*.
- Blank form FL-150, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

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”

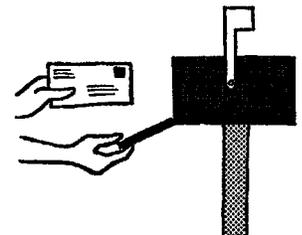
Personal service means that your “server” walks up to each person to be served, makes sure he or she is the right person, and then hand-delivers a copy of all the papers (and the blank forms) to him or her. The server may leave the papers near the person if he or she will not take them.



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 documents (and blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if he or she has one).



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

Important! For questions about personal service or service by mail, talk with a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/1083.htm>.



15 When to use personal service or service by mail

Personal Service

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

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

- Ordered personal service;
- Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:
 - Been served with a *Summons* and *Petition*;^{*}

OR

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

^{*}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, give him or her form FL-330-INFO, *Information Sheet for Proof of Personal Service*.
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 residence or office address. (You may use *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, give him or her an *Information Sheet for Proof of Service by Mail* (form FL-335-INFO).
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

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

16 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

17 After the hearing, the order made on form FL-340, *Findings and Order After Hearing*, must be filed and served.

18 Do you have questions or need help?

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

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number and name:

Case Number: _____

Case Name: _____

1 Your Information (person asking the court to waive the fees):

Name: _____
 Street or mailing address: _____
 City: _____ State: ____ Zip: _____
 Phone number: _____

2 Your Job, if you have one (job title): _____

Name of employer: _____
 Employer's address: _____

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number): _____

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature: _____
 If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

- a. I receive (check all that apply; see form FW-001-INFO for definitions): Food Stamps Supp. Sec. Inc. SSP Medi-Cal County Relief/Gen. Assist. IHSS CalWORKS or Tribal TANF CAPI
- b. My gross monthly household income (before deductions for taxes) is not more than the amount listed below.
 (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$433.34 for each extra person.
1	\$1,237.50	3	\$2,100.00	5	\$2,962.50	
2	\$1,668.75	4	\$2,531.25	6	\$3,393.75	

- c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):
- waive all court fees and costs
 - waive some of the court fees
 - let me make payments over time

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:)

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

Date: _____

Print your name here

Sign here



Case Number: _____

Your name: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7 Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 **Your Gross Monthly Income**
a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Your total monthly income: \$ _____

9 **Household Income**
a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ _____
Total monthly income and household income (8b plus 9b): \$ _____

10 **Your Money and Property**
a. Cash \$ _____
b. All financial accounts (List bank name and amount):
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

11 **Your Monthly Deductions and Expenses**
a. List any payroll deductions and the monthly amount below:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Rent or house payment & maintenance \$ _____
c. Food and household supplies \$ _____
d. Utilities and telephone \$ _____
e. Clothing \$ _____
f. Laundry and cleaning \$ _____
g. Medical and dental expenses \$ _____
h. Insurance (life, health, accident, etc.) \$ _____
i. School, child care \$ _____
j. Child, spousal support (another marriage) \$ _____
k. Transportation, gas, auto repair and insurance \$ _____
l. Installment payments (list each below):
Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
m. Wages/earnings withheld by court order \$ _____
n. Any other monthly expenses (list each below).
Paid to: How Much?
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
Total monthly expenses (add 11a - 11n above): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.
Check here if you attach another page.
Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

For your protection and privacy, please press the Clear

Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

1 Person who asked the court to waive court fees: Name: Street or mailing address: City: State: Zip:

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):

3 A request to waive court fees was filed on (date): The court made a previous fee waiver order in this case on (date):

Read this form carefully. All checked boxes are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees.

4 After reviewing your: Request to Waive Court Fees Request to Waive Additional Court Fees the court makes the following orders:

a. The court grants your request, as follows:

(1) Fee Waiver. The court grants your request and waives your court fees and costs listed below. (Cal. Rules of Court, rules 3.55 and 8.818.) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
Making copies and certifying copies
Sheriff's fee to give notice
Court fee for phone hearing
Reporter's fee for attendance at hearing or trial, if reporter provided by the court
Assessment for court investigations under Probate Code section 1513, 1826, or 1851
Preparing, certifying, copying, and sending the clerk's transcript on appeal
Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
Making a transcript or copy of an official electronic recording under rule 8.835
Giving notice and certificates
Sending papers to another court department
Court-appointed interpreter in small claims court

(2) Additional Fee Waiver. The court grants your request and waives your additional superior court fees and costs that are checked below. (Cal. Rules of Court, rule 3.56.) You do not have to pay for the checked items.

- Jury fees and expenses
Fees for court-appointed experts
Other (specify):
Fees for a peace officer to testify in court
Court-appointed interpreter fees for a witness

Case Number: _____

Your name: _____

b. The court denies your fee waiver request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) The court denies your request because it is incomplete. You have 10 days after the clerk gives notice of this order (see date of service on next page) to:
 - Pay your fees and costs, or
 - File a new revised request that includes the items listed below (*specify incomplete items*):

- (2) The court denies your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): _____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have 10 days after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c. below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*):

Bring the following proof to support your request if reasonably available:

Name and address of court if different from above:

Hearing Date

→ Date: _____ Time: _____
Dept.: _____ Room: _____

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one): Judicial Officer Clerk, Deputy



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (*city*): _____, California on the date below.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Clerk stamps date here when form is filed.

This form asks the court to waive *additional* court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

1 Your Information *(person asking the court to waive the fees):*

Name: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
Phone number: _____

Fill in court name and street address:

Superior Court of California, County of

2 Your lawyer, if you have one *(name, firm or affiliation, address, phone number, and State Bar number):*

Fill in case number and name:

Case Number:

Case Name:

- a. The lawyer has agreed to advance all or a portion of your fees or costs *(check one)*: Yes No
- b. *(If yes, your lawyer must sign here):*
Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

3 Date your *last* court fee waiver order, if any, was granted: _____

4 Has your financial situation improved since your last *Request to Waive Court Fees*? No Yes *(If yes, you must fill out a new Request to Waive Court Fees, form FW-001, and attach it to this form.)*

5 What other fees do you want your court fee waiver order to cover? *(Check all that apply):*

- a. Jury fees and expenses
- b. Court-appointed interpreter fees for a witness
- c. Fees for a peace officer to testify in court
- d. Fees for court-appointed experts
- e. Other *(specify)*: _____

6 Why do you need these other services? *(Explain)*:

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

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

Date: _____

Print your name here

Sign here



SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

STEPHEN E. BENSON, JUDGE
MICHAEL P. CANDELA, JUDGE
MICHAEL R. DEEMS, JUDGE
ROBERT A. GLUSMAN, JUDGE
CLARE KEITHLEY, JUDGE
KRISTEN A. LUCENA, JUDGE
KIMBERLY MERRIFIELD, JUDGE
SANDRA L. MCLEAN, JUDGE
TAMARA L. MOSBARGER, JUDGE
JAMES F. REILLEY, JUDGE
BARBARA L. ROBERTS, JUDGE

LEONARD D. GOLDKIND,
COURT COMMISSIONER

DAVID E. GINN,
COURT COMMISSIONER

KIMBERLY FLENER,
COURT EXECUTIVE OFFICER

RICHARD L. HOLST,
DEPUTY COURT EXECUTIVE
OFFICER

JARROD ORR,
DEPUTY COURT EXECUTIVE
OFFICER

PLEASE REPLY TO:

□
Butte County Courthouse
One Court Street
Oroville, CA 95965
Tel: (530) 532-7013
Fax: (530) 538-8567

□
North Butte County Courthouse
1775 Concord Avenue
Chico, CA 95928
Tel: (530) 532-7013
Fax: (530) 538-8567

LETTER TO PARENTS FROM THE SUPERVISING JUDGE OF THE FAMILY LAW DIVISION

**SUBJECT: CONTESTED CHILD CUSTODY AND VISITATION CASES:
MEDIATION**

Dear Parent,

In all custody and visitation cases where the parties have been unable to agree on a parenting plan, the case is required to be sent to mediation. Mediation is required by law... it is mandatory!

Mediation is a form of conflict resolution, where the parents sit down with a neutral person, the mediator, and attempt to resolve their differences concerning the appropriate parenting plan for their children. The mediator's job is to provide a safe place for each person to talk and be heard. The mediator also provides information about the effects of parental separation, the developmental needs of the children and how to effectively share parenting responsibilities so as to meet the needs of the children in the future.

Mediation gives the parent a unique opportunity to have self-determination in the decision making process regarding their children. Most of the time parents are able to see beyond their own immediate needs and, with the help of a mediator, work together to develop a parenting plan that serves the best interests of their children.

The mediator helps parents deal with emotional and communication barriers and get focused on the immediate needs of the children. The mediation process is private and avoids the public airing of hostile accusations in the courtroom. Above all, it helps to keep the children out of the conflict.

When parents reach an agreement in mediation the plan is prepared as a legal document by the mediator. You will receive a copy. Parents who do not have an attorney will sign the agreement and it will be submitted to the judge at the assigned court date. If a parent has an attorney the parent will review the document with his/her attorney before the court date. The agreement is not a binding court order until signed by the judge.

When mediation does not result in an agreed upon parenting plan, the mediator's title and role changes to that of Child Custody Recommending Counselor (CCRC). In this role, the CCRC is required to provide a written report and recommendation to the parties and the court that is in the best interest of the child(ren). Both parents will receive a copy of this report and recommendation prior to the next scheduled hearing.

FAMILY COURT SERVICES

Tara Beckham
Family & Children's Services Director

1775 Concord Avenue, Chico, CA 95928 - Telephone: (530) 532-7003 Facsimile: (530) 532-7279

WELCOME TO FAMILY COURT SERVICES

We know this may be a challenging time as you and the other parent work toward a custody and time share arrangement which is in the best interest of your child or children. Our professional and clerical staff will make themselves available to help you to the best of their ability. The types of services we currently offer in Family Court Services are listed below.

1. **Orientation for Mediation and Child Custody Recommending Counseling (CCRC).** By Local Court Rule, this program is mandatory for parents who will be participating in Mediation/Child Custody Recommending Counseling services in Butte County. This program is approximately two hours in length and is held on Tuesday either at 10:00 am or 1:00 pm. Parties of the same case will not attend the mediation orientation date at the same time. You will typically be given an orientation date at the time you are given your mediation appointment. This class is held in a workshop format. A parent workbook will be provided during the orientation to assist you in developing a parenting arrangement that is best for your child(ren). The purpose of mediation orientation is to clarify the Mediation/CCRC process and assist you in focusing on the needs of your child(ren) by providing information about child development, benefits of cooperative co-parenting, detrimental effects of parental conflict, and to provide sample parenting plans.
2. **Court Ordered Mediation/Child Custody Recommending Counseling (CCRC).** California law mandates that, if parents are contesting custody and visitation of their minor child(ren), they must attend mediation. The judge will refer you to a full mediation appointment and the clerk will give you a form with the date and time for both your Orientation as well as your Mediation/CCRC appointment. Attendance at both Orientation and court-ordered Mediation/CCRC are mandatory. You will need to be on time and not have your children with you, unless specifically ordered by the judge to bring them. If you do not attend, or are more than 15 minutes late, the mediation session will be cancelled and the Court will be notified that you did not appear in a timely manner for the appointment.

The purpose of mediation is to reduce parental conflict and to assist in developing a parenting plan, custody and visitation, that is in the best interests of their child(ren). If the mediation appointment results in an agreement, the mediator will prepare it for the

FL-314-INFO Child Custody Information Sheet—Child Custody Mediation

Parents who come to court about child custody and parenting time (visitation) face decisions about parenting plans for their children. This information sheet provides general information about child custody and parenting time matters, how to get help resolving a custody dispute or making a parenting plan, where to find an attorney, and where to find other resources.

What is a parenting plan?

A parenting plan describes how the parents will divide their responsibilities for taking care of their child.

The plan may include a general or specific schedule of days, times, weekends, holidays, vacations, transportation, pick-up/drop-off, limits on travel, counseling and treatment services, and other details.

What are legal and physical custody?

A parenting plan usually includes:

- **Legal custody:** how parents make major decisions about the child's health, education, and welfare;
- **Physical custody:** where the child lives; and
- **Parenting time, time-share, or visitation:** when the child spends time with each parent.

Legal custody and *physical custody* may each be specified as *joint* (both parents have certain responsibilities) or *sole* (one parent has the responsibility alone).

Can we make our own parenting plan?

Yes. You have a right to make a parenting plan agreement on your own. This agreement may be called a *stipulation, time-share plan, or parenting plan*.

If both parents can agree on a parenting plan, the judge will probably approve it. The agreement becomes a court order after it is signed by both parents and the judge, and filed with the court.

What if there is domestic violence or a protective order?

If there is domestic violence or a protective order, talk with an attorney, counselor, or mediator before making a parenting plan.

For domestic violence help, call the National Domestic Violence Hotline at 1-800-799-7233 (TDD:1-800-787-3224) or call 211 if available in your area.

What if we don't have a parenting plan?

If you can't reach an agreement, the court will refer you to mediation with family court services (FCS) to try to work out a parenting plan.

What is mediation with family court services?

Family court services (FCS) provides mediation to help parents resolve disagreements about the care of their child. The mediator will meet with you and the other parent to try to help you both make a parenting plan. An orientation may be provided that offers additional information about the process.

If you are concerned about meeting with the other parent in mediation, or there is a domestic violence issue or a protective order involving the other parent, you may ask to meet alone with the mediator without the other parent. You may also request to have a support person with you at mediation. The support person may not speak for you.

Do we have to agree to a parenting plan in mediation?

No. You do not have to come to an agreement in mediation. When the parents can't agree, the judge will decide. For legal advice, contact an attorney. For other information, ask the self-help center or family court services about how the process works in your court.

FL-314-INFO Child Custody Information Sheet—Child Custody Mediation

Are there other ways to resolve our dispute?

Yes. You may try other alternative dispute resolution (ADR) options, including:

- 1. Meet and Confer:** Parents and their attorneys (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parents, then the “meet and confer” can be through attorneys or a mediator in separate sessions.
- 2. Settlement Conference:** In some courts, parents may meet with a judge, neutral evaluators, or family law attorneys not involved in the case to discuss settlement. Check with the local court to find out if this is an option. If there is a protective order, the settlement discussion can be through attorneys or a mediator in separate sessions.
- 3. Private Mediation:** Parents may hire a private mediator to help them resolve their dispute.
- 4. Collaborative Law Process:** Each parent hires a lawyer and agrees to resolve the dispute without going to court. The parents may also hire other experts.

Court Hearing

When the parents cannot agree to a parenting plan on their own, in mediation, or in any other ADR process, the judge will decide.

If there is domestic violence or a protective order, a parent may be able to bring a support person with him or her to the court hearing, but the support person may not speak for that person.

Where can I get help?

This information sheet gives only basic information on the child custody process and is not legal advice. If you want legal advice, ask an attorney for assistance. For other information, you may want to:

1. Contact family court services.
2. Contact the family law facilitator or self-help center for information, local rules and court forms, and referrals to local legal services providers.
3. Find an attorney 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.
4. Hire a private mediator for help with your parenting agreement. A mediator may be an attorney or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.
5. Find information on the Online Self-Help Center website at www.courts.ca.gov/selfhelp.
6. For free and low-cost legal help (if you qualify), go to www.lawhelpcalifornia.org.
7. Find information at your local law library or ask at your public library.
8. Ask for a court hearing and let the judge decide what is best for your child.



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). (Civil Code, § 54.8.)



Office of the Family Law Facilitator and SHARP Self Help Assistance & Referral Program

Oroville:

1675 Montgomery St.
Oroville, CA 95965
(530) 532-7024

Chico:

1775 Concord Ave
Chico, CA 95928
(530) 532-7015

Red Bluff:

633 Washington St.
Red Bluff, CA 96080
(530) 527-8649

Clearlake:

7000A South Center Dr.
Clearlake, CA 95422
(707) 994-6598 Ext 3

Assistance in Spanish is usually available. If you need assistance in another language or help writing English, you will need to bring someone to help you.

Call SHARP and the Family Law Facilitators for assistance with the following issues:

**Dissolution of Marriage or
Domestic Partnership**

- Divorce
- Legal Separation
- Summary Dissolution
- Financial Disclosure documents
- Petition for child custody and support
- Annulment
- Bifurcation of Marital Status

Judgments

- Default
- Contested/Uncontested
- Stipulated

Request for Order

- Child Support/Spousal Support
- Child custody and visitation
- Modification of existing orders
- Set Aside Voluntary Declaration of Paternity
- Set Aside Default Paternity
- Temporary Orders

**Paternity/Parentage for Unmarried Persons
Guardianship/Guardianship Terminations**

**Step Parent Adoption (with signed,
uncontested consent of biological parent)
Response**

- Dissolutions
- Paternity
- Restraining Orders
- Request for Order

Small Claims (Plaintiff and Defendant)

Name change:

- Child(ren)
- Adult (self)

Restraining Orders

- Civil Harassment
- Domestic Violence
- Elder Abuse
- Workplace Violence

Expungement of misdemeanor criminal record

Proof of Service/Service by Publication

Contempt (disobeying court orders)

Emancipation (of minor)

Evictions/Unlawful Detainer

- Tenant
- Landlord

Call any of the SHARP/FLF offices to schedule a workshop or appointment.
Emergency same-day service is available only when truly necessary.

You may also email your questions to AskSHARP@buttecourt.ca.gov

Melanie Snider
Family Law Facilitator
SHARP Managing Attorney
Butte & Lake Superior Courts

Scott R. Lyon
Family Law Facilitator
Tehama County Superior
Court

Michael Friel
Self-Help Attorney
Lake County Superior
Court

1 USE Request for Order (form FL-300):

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

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

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, speak with 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 set aside a child support order, use form FL-360 or form FL-640.
 - To set aside a voluntary declaration of paternity, use form FL-280.

3 Forms checklist

- Form FL-300, Request for Order, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act
 - FL-311, Child Custody and Visitation (Parenting Time) Application Attachment
 - FL-312, Request for Child Abduction Prevention Orders
 - FL-341(C), Children's Holiday Schedule Attachment
 - FL-341(D), Additional Provisions—Physical Custody Attachment
 - FL-341(E), Joint Legal Custody Attachment
- If you want child support, you need this form:
 - A current FL-150, Income and Expense Declaration. You may use form FL-155, Financial Statement (Simplified) instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- If you want spousal or partner support or orders about your finances, you need:
 - A current FL-150, Income and Expense Declaration
 - FL-157, Spousal or Partner Support Declaration Attachment (if the request is to change a support judgment)
- If you want attorney's fees and costs, you need these forms:
 - 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 (or provide the information in a declaration)
- To request temporary emergency (ex parte) orders, you need:
 - FL-305, Temporary Emergency Orders to serve as the proposed temporary emergency orders.
 - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use form FL-303, Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders.
 - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- If you plan to have witnesses testify at the hearing, you need form:
 - FL-321, Witness List
- If you want to request a separate trial (bifurcation) on an issue, you need form:
 - FL-315, Request or Response to Request for Separate Trial



4 Complete form FL-300 (Page 1)

Caption: Complete the top portion with your name, address, and telephone number, and the court address. Next, write the name of the Petitioner, Respondent, or Other Parent/Party (You must use the party names as they appear in the petition that was originally filed with the court). Then, write the case number. In the next section, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY (EX PARTE) ORDER” if you are asking that the court make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting.

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 location of the hearing.

Item 3: This is a notice to all other parties.

Items 4–5: Leave these blank. The court will complete them if the orders are granted.

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

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

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

5 Complete form FL-300 (pages 2–4)

6 Complete additional forms and make copies

Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		FL-300 FOR COUNTY USE ONLY
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):		CASE NUMBER:
NOTICE OF HEARING		
1. TO (name(s)): <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other Parent/Party <input type="checkbox"/> Other (specify):		
2. A COURT HEARING WILL BE HELD AS FOLLOWS:		
a. Date: _____ Time: _____ Day: _____ Room: _____ b. Address of court: <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):		
3. WARNING to the person served with the Request for Order: The court may make the requested orders without you if you do not file a Responsive Declaration to Request for Order (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.) <small>(Forms FL-320-INFO and FL-320-INFO provide information about completing this form.)</small>		
COURT ORDER <small>(for county use only)</small>		
It is ordered that:		
4. <input type="checkbox"/> Time <input type="checkbox"/> for service <input type="checkbox"/> until the hearing is shortened. Service must be on or before (date):		
5. <input type="checkbox"/> A Responsive Declaration to Request for Order (form FL-320) must be served on or before (date):		
6. <input type="checkbox"/> The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):		
7. <input type="checkbox"/> The orders in Temporary Emergency (Ex Parte) Orders (form FL-303) apply to this proceeding and must be personally served with all documents filed with this Request for Order.		
8. <input type="checkbox"/> Other (specify):		
Date: _____		
REQUEST FOR ORDER		Page 1 of 4 <small>Form FL-300-INFO, Rev. 1/16 State of Florida Department of Family Services 1000 North West 15th Street Tallahassee, Florida 32310</small>

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

7 File your documents

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

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

8 Pay filing fees

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



9 Temporary Emergency (Ex Parte) Orders
(nondomestic violence restraining orders)

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

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

To request these orders:

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

12 Who can be a "server"

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

13 "Personal Service"

Personal service means that your "server" walks up to each person to be served, makes sure he or she is the right person, and then hand-delivers a copy of all the papers (and the blank forms) to him or her. The server may leave the papers near the person if he or she will not take them.



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

10 General information about "service"

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

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

11 Serve the Request for Order and blank forms

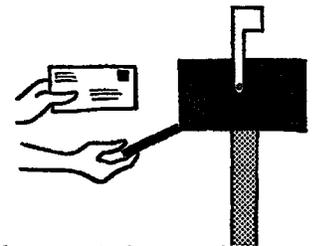
The other party must be "served" with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank form FL-320, *Responsive Declaration to Request for Order*.
- Blank form FL-150, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

14 "Service by mail"

means that your "server" places copies of all the documents (and blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party's lawyer, if he or she has one).

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



Important! For questions about personal service or service by mail, talk with a lawyer or check with your court's Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/1083.htm>.



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

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

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

- Ordered personal service;
- Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:

- Been served with a *Summons* and *Petition*;^{*}

OR

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

^{*}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, give him or her form FL-330-INFO, *Information Sheet for Proof of Personal Service*.
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 residence or office address. (You may use *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, give him or her an *Information Sheet for Proof of Service by Mail* (form FL-335-INFO).
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

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

16 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

17 After the hearing, the order made on form FL-340, Findings and Order After Hearing, must be filed and served.**18 Do you have questions or need help?**

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE: FAX NO. (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY CASE NUMBER:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002 </td> <td style="width: 50%; border: none;"> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002 </td> </tr> </table>		Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002	North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002
Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002		North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:			
DECLARATION RE: NOTICE OF EX PARTE APPLICATION FOR TEMPORARY ORDERS			

I, _____, do declare that I am:
 Petitioner/Plaintiff Respondent/Defendant Other _____

I declare as follows:

Pursuant to Rule 16.5(b) of the Butte County Local Rules of Court and CRC, Rule 3.1204(b)(1) on _____
 at _____ am/pm, I advised _____ by:

Telephone call
 In person
 Other (describe): _____

that I would be seeking ex parte orders affecting CUSTODY and VISITATION of our (child)ren other (describe):

and, if (s)he wishes to oppose the request for temporary orders (s)he will have to appear at

Butte County Superior Court, One Court Street, Oroville, CA 95965
 North County Superior Court, 1775 Concord Avenue, Chico, CA 95928

at 3:00 pm on _____ (date).

1. His/Her response to this notice was:

2. I asked if (s)he would be appearing in court to respond to this request and his/her response was:

Pursuant to CRC, Rule 3.1204(b)(2) and (3), I have not given notice of this application for ex parte orders because giving notice would frustrate the purpose of the order because:

OR:

I will suffer immediate and irreparable injury if notice is given because:

OR:

I made a good faith attempt to inform the opposing party but was unable to do so because:

If notice was given later than 10:00 am the court day prior to the hearing, notice was provided later than 10:00 am the day before the 3:00 pm ex parte appearance because:

An Order Shortening Time for service and/or hearing date will not be sufficient to address the problem because:

I have read and am aware of the requirements for ex parte orders regarding custody and visitation of children set forth in Butte County Local Rules, Rule 16.5(e). I understand that I have an absolute duty to inform the Court about any existing orders for child custody and visitation, and to tell the Court how existing orders for child custody and visitation will be affected if the Court grants my ex-parte request for orders.

Existing orders for child custody and visitation are:

These orders will be affected, if the Court grants my request for ex parte orders, as follows:

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

(DATE)

(PRINT NAME)

(SIGNATURE)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

NOTICE OF HEARING

1. TO (name(s)): _____
 Petitioner Respondent Other Parent/Party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Time:	Dept.:	Room.:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

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

(Forms *FL-300-INFO* and *DV-400-INFO* provide information about completing this form.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

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

Date:

JUDICIAL OFFICER

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

REQUEST FOR ORDER

Note: Place a mark in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration (form MC-031)* for this purpose.)

1. **RESTRAINING ORDER INFORMATION**
 One or more domestic violence restraining/protective orders are now in effect between (specify):
 Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)
 The orders are from the following court or courts (specify county and state):
- a. Criminal: County/state (specify): Case No. (if known):
 b. Family: County/state (specify): Case No. (if known):
 c. Juvenile: County/state (specify): Case No. (if known):
 d. Other: County/state (specify): Case No. (if known):
2. **CHILD CUSTODY** I request temporary emergency orders
 VISITATION (PARENTING TIME)
- a. I request that the court make orders about the following children (specify):
- | | | | |
|---------------------|----------------------|--|---|
| <u>Child's Name</u> | <u>Date of Birth</u> | <input type="checkbox"/> <u>Legal Custody to (person who decides: health, education, etc):</u> | <input type="checkbox"/> <u>Physical Custody to (person with whom child lives):</u> |
|---------------------|----------------------|--|---|
- b. The orders I request for child custody visitation (parenting time) are: Attachment 2a.
- (1) Specified in the attached forms:
 Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
 Form FL-341(D) Form FL-341(E) Other (specify):
- (2) As follows (specify): Attachment 2b.
- c. The orders that I request are in the best interest of the children because (specify): Attachment 2c.
- d. This is a change from the current order for child custody visitation (parenting time).
- (1) The order for legal or physical custody was filed on (date): . The court ordered (specify):
- (2) The visitation (parenting time) order was filed on (date): . The court ordered (specify):
- Attachment 2d.

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

3. CHILD SUPPORT

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

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

Child's name and age

I request support for each child Monthly amount (\$) requested
 based on the child support guideline. (if not by guideline)

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

The court ordered child support as follows (specify):

Attachment 3a.

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify):

Attachment 3d.

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT

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

a. Amount requested (monthly): \$

b. I want the court to change end the current support order filed on (date):

The court ordered \$ _____ per month for support.

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

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

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

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

Attachment 4e.

5. PROPERTY CONTROL

I request temporary emergency orders

a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify):

b. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

c. This is a change from the current order for property control filed on (date):

d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

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

6. **ATTORNEY'S FEES AND COSTS**
 I request attorney's fees and costs, which total (*specify amount*): \$ _____ . I filed the following to support my request:
- a. A current *Income and Expense Declaration* (form FL-150).
 - b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
 - c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. **DOMESTIC VIOLENCE ORDER**

- Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read form DV-400-INFO, *How to Change or End a Domestic Violence Restraining Order* for more information.

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

8. **OTHER ORDERS REQUESTED** (*specify*): _____ Attachment 8.

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

10. **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. Attachment 10.

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

Date:

 (TYPE OR PRINT NAME)

 (SIGNATURE OF APPLICANT)



Requests for Accommodations

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

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

1. **TO (name(s)):** _____
 Petitioner Respondent Other Parent/Party Other (specify):

A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

a. Date:	Time:	Dept.:	Room:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial.

COURT ORDERS: The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order.

3. **CHILD CUSTODY**

a. Child's name

Date of Birth

Temporary physical custody, care, and control to:

Petitioner Respondent Other Party/Parent

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 3(a)

b. **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

See Attachment 3(b)

THIS IS A COURT ORDER.

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

3. **CHILD CUSTODY (continued)**

c. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 - (a) from the state of California.
 - (b) from the following counties (*specify*):
 - (c) other (*specify*):

d. **Child abduction prevention orders** are attached (see form FL-341(B)).

- e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
 - The United States of America Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

- a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

- b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances 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:

- 5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

- 6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

Date: _____

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION	

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for
 Plaintiff
 Petitioner
 Defendant
 Respondent
 Other (Specify):

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

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

Page _____ of _____

(Add pages as required)

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

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): _____

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

REQUEST FOR CHILD ABDUCTION PREVENTION ORDERS

—This is not a court order—

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

1. Your name:

2. I request orders to prevent child abduction by (specify): Petitioner Respondent Other Parent/Party

3. I think that he or she might take the children without my permission to (check all that apply):

- a. another county in California (specify the county):
- b. another state (specify the state):
- c. a foreign country (specify the foreign country):
 - (1) He or she is a citizen of that country.
 - (2) He or she has family or emotional ties to that country (explain):

4. I think that he or she might take the children without my permission because he or she (check all that apply):

- a. has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
 Explain:

- b. does not have strong ties to California.
 Explain any work, financial, social, or family situation that makes it easy for the party to leave California.

- c. has recently done things that make it easy for him or her to take the children away without permission. He or she has (check all that apply):
 - quit his or her job.
 - sold his or her home.
 - closed a bank account.
 - ended a lease.
 - sold or gotten rid of assets.
 - hidden or destroyed documents.
 - applied for a passport, birth certificate, or school or medical records.
 - Other (specify):

- d. has a history of (check all that apply and explain your answers in the space provided in this section):
 - domestic violence.
 - child abuse.
 - not cooperating with me in parenting.
 - taking the children without my permission.
 Explain your answers to item d.

- e. has a criminal record. Explain:

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

I REQUEST THE FOLLOWING ORDERS AGAINST (*specify*): Petitioner Respondent Other Parent/Party

5. **Supervised Visitation (Parenting Time)**

I ask the court to order supervised visitation (parenting time). I understand that the person I request to supervise the visits must meet the qualifications listed in *Declaration of Supervised Visitation Provider (form FL-324)*. The specific terms are attached (*check one*): form FL-311 as follows:

6. **Post a Bond**

I ask the court to order the posting of a bond for \$ _____. If the party takes the children without my permission, I can use this money to bring the children back.

7. **Do Not Move Without My Permission or Court Order**

I ask for a court order preventing the party from moving with the children without my written permission or a court order.

8. **No Travel Without My Permission or Court Order**

I ask for a court order preventing the party from traveling with the children outside (*check all that apply*):

- this county the United States
 California Other (*specify*):

without my written permission or a court order.

9. **Notify Other State of Travel Restrictions**

I ask the court to order the party to register this order in the state of _____ and provide the court with proof of the registration before the children can travel to that state for child visitation (parenting time).

10. **Turn In and Do Not Apply for Passports or Other Vital Documents**

I ask for a court order (*check all that apply*):

- requiring the party to turn in all the children's passports and other documents (such as visas, birth certificates, and other documents used for travel) that are in his or her possession and control.
 preventing the party from applying for passports or other documents (such as visas or birth certificates) that can be used to travel with the children.

11. **Provide Itinerary and Other Travel Documents**

If the party is allowed to travel with the children, I ask the court to order the party to give me before leaving (*specify*):

- the children's travel itinerary.
 copies of round-trip airline tickets.
 addresses and telephone numbers where the children can be reached at all times.
 an open airline ticket for me in case the children are not returned.
 other (*specify*):

12. **Notify Foreign Embassy or Consulate of Passport Restrictions**

I ask the court to order the party to notify the embassy or consulate of _____ of this order and to provide the court with proof of that notification within _____ calendar days.

13. **Foreign Custody and Visitation (Parenting Time) Order**

I ask the court to order the party to get a custody and visitation (parenting time) order in a foreign country equal to the most recent United States order before the children can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of that country.

14. **Other (*specify*):**

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

Date: _____



 (SIGNATURE)

SHORT TITLE:	CASE NUMBER:
--------------	--------------

ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

(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)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. You cannot serve documents if you are a party to the action.

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
 - a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17408 <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: HEARING DATE: <i>(If applicable, provide):</i> HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name):*
3. I served copies of the following documents *(specify):*

4. By personally delivering copies to the person served, as follows:

a. Date:	b. Time:
c. Address:	

5. I am

a. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	e. <input type="checkbox"/> a California sheriff or marshal.
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

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

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

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

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. You cannot serve documents if you are a party to the action.

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

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

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (<i>If applicable, provide</i>): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- a. depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (*city and state*):

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT: OTHER PARENT:		
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. My only source of income is TANF, SSI, or GA/GR.
 b. I have applied for TANF, SSI, or GA/GR.
 2. I am the parent of the following number of natural or adopted children from this relationship
 3. a. The children from this relationship are with me this amount of time %
 b. The children from this relationship are with the other parent this amount of time %
 c. Our arrangement for custody and visitation is (*specify, using extra sheet if necessary*):
 4. My tax filing status is: single married filing jointly head of household married filing separately.
 5. My current gross income (*before taxes*) per month is \$
- This income comes from the following:
- | | | | | |
|---|--------------------------|---|----|-------|
| Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers) | <input type="checkbox"/> | Salary/wages: Amount before taxes per month | \$ | _____ |
| | <input type="checkbox"/> | Retirement: Amount before taxes per month | \$ | _____ |
| | <input type="checkbox"/> | Unemployment compensation: Amount per month | \$ | _____ |
| | <input type="checkbox"/> | Workers' compensation: Amount per month | \$ | _____ |
| | <input type="checkbox"/> | Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month | \$ | _____ |
| | <input type="checkbox"/> | Disability: Amount per month | \$ | _____ |
| | <input type="checkbox"/> | Interest income (from bank accounts or other): Amount per month | \$ | _____ |
- I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. Day care or preschool to allow me to work or go to school \$ _____
 - b. Health care not paid for by insurance \$ _____
 - c. School, education, tuition, or other special needs of the child \$ _____
 - d. Travel expenses for visitation \$ _____
 7. There are (*specify number*) _____ other minor children of mine living with me. Their monthly expenses that I pay are \$ _____
 8. I spend the following average monthly amounts (*please attach proof*):
 - a. Job-related expenses that are not paid by my employer (*specify reasons for expenses on separate sheet*) \$ _____
 - b. Required union dues \$ _____
 - c. Required retirement payments (not social security, FICA, 401k or IRA) \$ _____
 - d. Health insurance costs \$ _____
 - e. Child support I am paying for other minor children of mine who are not living with me \$ _____
 - f. Spousal support I am paying because of a court order for another relationship \$ _____
 - g. Monthly housing costs: rent or mortgage \$ _____
 If mortgage: Interest payments \$ _____ real property taxes \$ _____
 9. Information concerning my current employment my most recent employment:
 Employer:
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped (*if applicable*):

What was your gross income (*before taxes*) before work stopped?:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's monthly income (*before taxes*) is \$ _____
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

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

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
<input type="checkbox"/> PETITIONER/PLAINTIFF	<input type="checkbox"/> RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Interest
 - Salary or wages
 - Workers' compensation
 - Disability
 - Social security
 - Unemployment
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

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

3. Tax information

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

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

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

12. The following people live with me:

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Instalment payments and debts not listed above

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

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: _____

(TYPE OR PRINT NAME OF ATTORNEY)

▶

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

CHILD SUPPORT INFORMATION

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

16. Number of children

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

17. Children's health-care expenses

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

18. Additional 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 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. \$ _____

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
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): _____ 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
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
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)		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
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)		

- 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.)

SHORT TITLE:	CASE NUMBER:
--------------	--------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

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

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

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

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

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
--	--	--

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

 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

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

1. **RESTRAINING ORDER INFORMATION**
 - a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

2. **CHILD CUSTODY**
 VISITATION (PARENTING TIME)
 - a. I consent to the order requested for child custody (legal and physical custody).
 - b. I consent to the order requested for visitation (parenting time).
 - c. I do not consent to the order requested for child custody visitation (parenting time)
 but I consent to the following order:

3. **CHILD SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* or, if eligible, a current *Financial Statement (Simplified) (form FL-155)* to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I consent to guideline support.
 - d. I do not consent to the order requested but I consent to the following order:

4. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I do not consent to the order requested but I consent to the following order:

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

5. PROPERTY CONTROL

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

6. ATTORNEY'S FEES AND COSTS

- a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)* or a declaration that addresses the factors covered in that form.
- c. I consent to the order requested.
- d. I do not consent to the order requested but I consent to the following order:

7. DOMESTIC VIOLENCE ORDER

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

8. OTHER ORDERS REQUESTED

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

9. TIME FOR SERVICE / TIME UNTIL HEARING

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

10. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. Attachment 10.

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST AND ORDER TO CONTINUE HEARING AND EXTEND TEMPORARY EMERGENCY (EX PARTE) ORDERS	CASE NUMBER:

REQUEST

1. Name of person making the request (*specify*):
2. The court issued temporary emergency (ex parte) orders on my *Request for Order* (form FL-300) on (date):
3. I request that the court continue the hearing date of the *Request for Order* (form FL-300).
4. I request the continuance because (*check all boxes that apply*):
 - a. The papers could not be served as required before the hearing date on (*specify*): Petitioner Respondent
 Other Parent/Party Other (*specify*):
 - b. The parties were ordered to meet with a child custody mediator or child custody recommending counselor.
 - c. I am the responding party and this is my first request to continue the hearing.
 - d. I need more time to hire a lawyer or prepare for the hearing or trial.
 - e. Other good cause (*specify*):

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

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) SIGNATURE

COURT ORDER
FOR COURT USE ONLY

5. The request to continue the hearing is
 - a. DENIED for the reasons set forth below on Attachment 5a

The hearing shall be held as currently scheduled on (date): _____ . The temporary emergency (ex parte) orders remain in force and effect until the end of the currently scheduled hearing.

- b. GRANTED. The hearing on the *Request for Order* and temporary emergency (ex parte) orders is continued as follows:

Date:	Time:	Dept.:	Room:
at the street address of the court shown above.			

6. The temporary emergency orders expire (*check one*): at the end of the new hearing in 5b on (date):

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

7. Temporary emergency (ex parte) orders

a. The orders issued in *Request for Order* (form FL-300) on (date): are (check one):

(1) modified as specified below on Attachment 7a(1).

(2) terminated for the reasons stated below on Attachment 7a(2).

b. The orders issued in *Temporary Emergency (Ex Parte) Orders* (form FL-305) on (date): are (check one):

(1) modified. See attached modified form FL-305 order issued as of this date.

(2) terminated for the reasons stated below on Attachment 7b(2).

c. Other (specify):

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

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

10. Orders regarding service

a. No further service is required. Both parties were present at the hearing when the court granted this order.

b. The Petitioner Respondent Other Parent/Party Other (specify):
 must be served the following documents (specify):

(1) A filed copy of this order (form FL-306) as the cover page to any other documents served on the party.

(2) A copy of the filed *Request for Order* (form FL-300)

(3) A copy of the filed *Temporary Emergency (Ex Parte) Orders* (form FL-305)

(4) A copy of the modified temporary emergency (ex parte) orders

(5) Other (specify):

c. The documents must be served by (specify):

(1) Personal service.

(2) Mail.

d. Other orders regarding service (specify):

11. Other orders:

Date:



 JUDICIAL OFFICER

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARTY: _____	
FINDINGS AND ORDER AFTER HEARING	CASE NUMBER: _____

1. This proceeding was heard on *(date):* _____ at *(time):* _____ In Dept: _____ Room: _____
 by Judge *(name):* _____ Temporary Judge
 On the order to show cause, notice of motion or request for order filed *(date):* _____ by *(name):* _____
- a. Petitioner/plaintiff present Attorney present *(name):* _____
 b. Respondent/defendant present Attorney present *(name):* _____
 c. Other party present Attorney present *(name):* _____

THE COURT ORDERS

2. Custody and visitation/parenting time: As attached on form FL-341 Other Not applicable
3. Child support: As attached on form FL-342 Other Not applicable
4. Spousal or family support: As attached on form FL-343 Other Not applicable
5. Property orders: As attached on form FL-344 Other Not applicable
6. Attorney's fees: As attached on form FL-346 Other Not applicable
7. Other orders: As attached Not applicable
8. All other issues are reserved until further order of court.
9. This matter is continued for further hearing on *(date):* _____ at *(time):* _____ In Dept: _____
 on the following issues:

Date: _____

 JUDICIAL OFFICER

Approved as conforming to court order.

SIGNATURE OF ATTORNEY FOR PETITIONER / PLAINTIFF RESPONDENT/DEFENDANT OTHER PARTY

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

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180) Judgment (form FL-250)
 Stipulation and Order fo Custody and/or Visitation of Children (form FL-355)
 Other (specify):

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, §§ 3400–3465).
2. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
 the United States Other (specify):
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. **Child Custody.** Custody of the minor children of the parties is awarded as follows:

<u>Child's Name</u>	<u>Birth Date</u>	<u>Legal custody to: (person who makes decisions about health, education, etc.)</u>	<u>Physical custody to: (person with whom child lives)</u>
---------------------	-------------------	---	--

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. (*Child Abduction Prevention Orders Attachment (form FL-341(B))* must be attached and must be obeyed.)

7. **Visitation (Parenting Time)**

- a. Reasonable right of visitation to the party without physical custody (not appropriate in cases involving domestic violence)
- b. See the attached _____ -page document
- 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) for the petitioner respondent other (name): will be as follows:

(1) **Weekends 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 _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

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

THIS IS A COURT ORDER.

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

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

11. **Holiday schedule.** The children will spend holiday time as listed below in the attached schedule (*Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)

12. **Additional custody provisions.** The parties will follow the additional custody provisions listed below in the attached schedule. (*Additional Provisions—Physical Custody Attachment (form FL-341(D))* may be used for this purpose.)

13. **Joint legal custody.** The parties will share joint legal custody as listed below in the attached schedule. (*Joint Legal Custody Attachment (form FL-341(E))* may be used for this purpose.)

14. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

15. **Other (specify):**

THIS IS A COURT ORDER.

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

SUPERVISED VISITATION ORDER
 Attachment to *Child Custody and Visitation (Parenting Time) Order Attachment* (form FL-341)

1. Evidence has been presented in support of a request that the contact of Petitioner Respondent Other Parent/Party with the child(ren) be supervised based upon allegations of
 abduction of child(ren) physical abuse drug abuse neglect
 sexual abuse domestic violence alcohol abuse other (specify):
 Petitioner Respondent Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.
2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by Petitioner Respondent Other Parent/Party must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. CHILD(REN) TO BE SUPERVISED

<u>Child's Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>
---------------------	-------------------	------------	------------

4. TYPE

a. Supervised visitation b. Supervised exchange only

5. SUPERVISED VISITATION PROVIDER

a. Professional (individual provider or supervised visitation center) b. Nonprofessional

6. AUTHORIZED PROVIDER

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
-------------	----------------	------------------

Any other mutually agreed-upon third party as arranged.

7. DURATION AND FREQUENCY OF VISITS (see form FL-341 for specifics of visitation):

8. PAYMENT RESPONSIBILITY Petitioner: % Respondent: % Other Parent/Party: %

9. Petitioner will contact professional provider or supervised visitation center no later than (date):
- Respondent will contact professional provider or supervised visitation center no later than (date):
- Other Parent/party will contact professional provider or supervised visitation center no later than (date):

10. THE COURT FURTHER ORDERS

Date:

 JUDICIAL OFFICER

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

CHILD ABDUCTION PREVENTION ORDER ATTACHMENT

- TO **Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341)**
 Custody Order—Juvenile—Final Judgment (form JV-200)
 Other (specify):

1. **The court finds there is a risk that** *(specify name of party):* _____ **will take the child**
without permission because that party *(check all that apply):*
- a. has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
 - b. does not have strong ties to California.
 - c. has done things that make it easy for him or her to take the children away without any permission, such as *(check all that apply):*
 - quit a job. sold his or her home.
 - closed a bank account. ended a lease.
 - sold or gotten rid of assets. hidden or destroyed documents.
 - applied for a passport, birth certificate, or school or medical records.
 - Other *(specify):* _____
 - d. has a history of *(check all that apply):*
 - domestic violence.
 - child abuse.
 - not cooperating with the other parent or party in parenting.
 - e. has a criminal record.
 - f. has family or emotional ties to another county, state, or foreign country.
(NOTE: If item "f" is checked, at least one other factor must be checked, too.)

THE COURT ORDERS, to prevent the party in Item 1 from taking the children without permission:

2. **Supervised visitation (parenting time).** The terms are *(check one):*
 as specified on attached form FL-341(A) as follows:
3. **The party in item 1 must post a bond for \$** _____ **. The terms of the bond are** *(specify):* _____
4. **The party in item 1 must not move from the following locations with the children** without permission in writing from the other parent or party or a court order:
 Current residence Current school district *(specify):* _____
 This county Other *(specify):* _____
5. **The party in item 1 must not travel with the children out of** *(check all that apply):*
 this county. the United States.
 California. Other *(specify):* _____
6. **The party in item 1 must register this order** in the state of *(specify):* _____ **before the children can**
travel to that state for visits.
7. **The party in item 1 must not apply for a passport or any other vital document, such as a visa or birth certificate, that**
can be used for travel.

THIS IS A COURT ORDER.

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

8. The party in Item 1 must turn in all the children's passports and other vital documents in the party's possession or control as specified below (List the documents that must be turned in. Include the details for turning in the documents to the court, one of the attorneys, the other party, or another person):

9. The party in Item 1 must give the other parent or party the following before traveling with the children:

- The children's travel itinerary
- Copies of round-trip airline tickets
- Addresses and telephone numbers where the children can be reached at all times
- An open airline ticket for the other parent in case the children are not returned
- Other (specify):

10. The party in Item 1 must notify the embassy or consulate of (specify country): _____ about this order and provide the court with proof of that notification within (specify number): _____ days.

11. The party in Item 1 must get a custody and visitation (parenting time) order equivalent to the most recent U.S. order before the children may travel to that country for visits. The court recognizes that foreign orders may be changed or enforced according to the laws of that country.

12. Enforcing the order. The court authorizes any law enforcement officer to enforce this order. In this county, contact the Child Abduction Unit of the Office of the District Attorney at (phone number and address):

13. Other orders (specify):

14. This order is valid in other states and in any country that has signed the Hague Convention on Child Abduction.

NOTICE TO AUTHORITIES IN OTHER STATES AND COUNTRIES

This court has jurisdiction to make child custody orders under California's Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, § 3400 et seq.) and the Hague Convention on Civil Aspects of International Child Abduction (42 U.S.C. § 11601 et seq.). If jurisdiction is based on other factors, they are listed above in item 13.

Date:

 JUDICIAL OFFICER

THIS IS A COURT ORDER.

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

CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Visitation Order—Juvenile Other (specify):

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.

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

Holidays	Times (from when to when) <i>(Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)</i>	Every Year <i>Petitioner/ Respondent/ Other Parent/Party</i>	Even Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>	Odd Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>
December 31 (New Year's Eve)				
January 1 (New Year's Day)				
Martin Luther King's Birthday (weekend)				
February 12 (Lincoln's Birthday)				
President's Day (Weekend)				
President's Week Recess, first half				
President's Week Recess, second half				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Summer Break:				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
November 11 (Veterans Day)				
Thanksgiving Day				
Thanksgiving weekend				
December/January School Break				
Child's birthday (date):				
Child's birthday (date):				
Child's birthday (date):				
Mother's birthday (date):				
Father's birthday (date):				
Other Parent's/Party's birthday (date):				
Breaks for year-round schools:				

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

ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Custody Order—Juvenile—Final Judgment Other (*specify*):

The additional provisions to physical custody apply to (*specify parties*): Petitioner Respondent Other Parent/Party

1. **Notification of parties' current address.** Petitioner Respondent Other Parent/Party
 must notify all parties within (*specify number*): _____ days of any change in his or her
 - a. address for residence mailing work e-mail
 - b. telephone/message number at home cell phone work the children's schools

The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.

2. **Notification of proposed move of child.** Each party must notify the other (*specify number*): _____ days before any planned change in residence of the children. The notification must state, to the extent known, the planned address of the children, including the county and state of the new residence. The notification must be sent by certified mail, return receipt requested.

3. **Child care.**
 - a. The children must not be left alone without age-appropriate supervision.
 - b. The parties must let each other know the name, address, and phone number of the children's regular child-care providers.

4. **Right of first option of child care.** In the event any party requires child care for (*specify number*): _____ hours or more while the children are in his or her custody, the other party or parties must be given first opportunity, with as much prior notice as possible, to care for the children before other arrangements are made. Unless specifically agreed or ordered by the court, this order does not include regular child care needed when a party is working.

5. **Canceled visitation (parenting time).**
 - a. If the noncustodial party fails to arrive at the appointed time and fails to notify the custodial party that he or she will be late, then the custodial party need wait for only (*specify number*): _____ minutes before considering the visitation (parenting time) canceled.
 - b. If the noncustodial party is unable to exercise visitation (parenting time) on a given occasion, he or she must notify the custodial party (*specify*):
 at the earliest possible opportunity.
 Other (*specify*): _____
 - c. If the children are ill and unable to participate in the scheduled visitation (parenting time), the custodial party must give the noncustodial party (*specify*):
 as much notice as possible.
 A doctor's excuse.
 Other (*specify*): _____

6. **Phone contact between parties and children.**
 - a. The children may have telephone access to the parties and the parties may have telephone access to the children at reasonable times, for reasonable durations.
 - b. The custodial parent must make the child available for the following scheduled telephone contact (*specify child's telephone contact with each party*): _____

 - c. No party or any other third party may listen to, monitor, or interfere with the calls.

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

7. **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.
8. **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).
9. **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.
10. **Alcohol or substance abuse.** The petitioner respondent other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within (*specify number*): _____ hours before or during periods of time with the children and may not permit any third party to do so in the presence of the children.
11. **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.
12. **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.
13. **Third-party contact.**
- a. The children will have no contact with (*specify name*): _____
- b. The children must not be left alone in the presence of (*specify name*): _____
14. **Children's clothing and belongings.**
- a. Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
- b. The children will be returned to the other party with the clothing and other belongings they had when they arrived.
15. **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.
16. **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.
17. **Other (*specify*):**

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

JOINT LEGAL CUSTODY ATTACHMENT

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Custody Order—Juvenile—Final Judgment Other (*specify*):

NOTICE! In exercising joint legal custody, the parties may act alone, as long as the action does not conflict with any orders about the physical custody of the children. **Use this form only if you want to ask the court to make orders specifying when the consent of both parties is required to exercise legal control of the children and the consequences for failing to obtain mutual consent.**

1. The parties (*specify*): Petitioner Respondent Other Parent/Party will have joint legal custody of the children.
2. In exercising joint legal custody, the parties will share in the responsibility and discuss in good faith matters concerning the health, education, and welfare of the children. The parties must discuss and consent in making decisions on the following matters:
 - a. Enrollment in or leaving a particular private or public school or daycare center
 - b. Beginning or ending of psychiatric, psychological, or other mental health counseling or therapy
 - c. Participation in extracurricular activities
 - d. Selection of a doctor, dentist, or other health professional (except in emergency situations)
 - e. Participation in particular religious activities or institutions
 - f. Out-of-country or out-of-state travel
 - g. Other (*specify*):
3. If a party does not obtain the consent of the other party to those items in 2, which are granted as court orders:
 - a. He or she may be subject to civil or criminal penalties.
 - b. The court may change the legal and physical custody of the minor children.
 - c. Other consequences (*specify*):
4. **Special decision making designation and access to children's records**
 - a. The petitioner respondent other parent/party will be responsible for making decisions regarding the following issues (*specify*):
 - b. Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
5. **Health-care notification.**
 - a. Each party must notify the other of the name and address of each health practitioner who examines or treats the children; such notification must be made within (*specify number*): _____ days of the first treatment or examination.
 - b. Each party is authorized to take any and all actions necessary to protect the health and welfare of the children, including but not limited to consent to emergency surgical procedures or treatment. The party authorizing such emergency treatment must notify the other party as soon as possible of the emergency situation and of all procedures or treatment administered to the children.
 - c. The parties are required to administer any prescribed medications for the children.
6. **School notification.** Each party will be designated as a person the children's school will contact in the event of an emergency.
7. **Name.** The parties will not change the last name of the children or have a different name used on the children's medical, school, or other records without the written consent of the other party.
8. **Other (*specify*):**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180)
 Restraining Order After Hearing (CLETS-OAH)(form DV-130)
 Other (specify):

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2. **Income**

a. Each parent's monthly income is as follows:

	<u>Gross monthly income</u>	<u>Net monthly income</u>	<u>Receiving TANF/CalWORKS</u>
Petitioner/plaintiff: \$	\$	\$	<input type="checkbox"/>
Respondent/defendant: \$	\$	\$	<input type="checkbox"/>
Other parent: \$	\$	\$	<input type="checkbox"/>

b. Imputation of income. The court finds that the petitioner/plaintiff respondent/defendant other parent has the capacity to earn: \$ _____ per _____ and has based the support order upon this imputed income.

3. **Children of this relationship**

- a. Number of children who are the subjects of the support order (specify): _____ %
- b. Approximate percentage of time spent with petitioner/plaintiff: _____ %
 respondent/defendant: _____ %
 other parent: _____ %

4. **Hardships**

Hardships for the following have been allowed in calculating child support:

	<u>Petitioner/ plaintiff</u>	<u>Respondent/ defendant</u>	<u>Other parent</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

THE COURT ORDERS

5. **Low-income adjustment**

- a. The low-income adjustment applies.
- b. The low-income adjustment does not apply because (specify reasons):

6. **Child support**

a. **Base child support**

Petitioner/plaintiff Respondent/defendant Other parent must pay child support beginning (date): _____ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
---------------------	----------------------	-----------------------	---------------------------

Payable on the 1st of the month one-half on the 1st and one-half on the 15th of the month
 other (specify):

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

THE COURT FURTHER ORDERS

6. b. **Mandatory additional child support**

- (1) Child-care costs related to employment or reasonably necessary job training
- (a) Petitioner/plaintiff must pay: % of total or \$ per month child-care costs.
- (b) Respondent/defendant must pay: % of total or \$ per month child-care costs.
- (c) Other parent must pay: % of total or \$ per month child-care costs.
- (d) Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

- (2) Reasonable uninsured health-care costs for the children
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
- (b) Respondent/defendant must pay: % of total or \$ per month.
- (c) Other parent must pay: % of total or \$ per month.
- (d) Costs to be paid as follows (*specify*):

d. **Additional child support**

- (1) Costs related to the educational or other special needs of the children
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
- (b) Respondent/defendant must pay: % of total or \$ per month.
- (c) Other parent must pay: % of total or \$ per month.
- (d) Costs to be paid as follows (*specify*):
- (2) Travel expenses for visitation
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
- (b) Respondent/defendant must pay: % of total or \$ per month.
- (c) Other parent must pay: % of total or \$ per month.
- (d) Costs to be paid as follows (*specify*):

e. **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

Total child support per month: \$
--

7. **Health-care expenses**

- a. Health insurance coverage for the minor children of the parties must be maintained by the petitioner/plaintiff respondent/defendant other parent if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
- b. Health insurance is not available to the petitioner/plaintiff respondent/defendant other parent at a reasonable cost at this time.
- c. The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**

An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

10. **Employment search order (Family Code, § 4505)**

Petitioner/plaintiff Respondent/defendant Other parent is ordered to seek employment with the following terms and conditions:

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

11. **Other orders** (*specify*):

12. **Notices**

- a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. **Child Support Case Registry Form**

Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

Attachment to Child Support Information and Order Attachment (form FL-342)
 Judgment (Family Law) (form FL-180) Other (specify):

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

1. STIPULATION TO NON-GUIDELINE ORDER

The child support agreed to by the parties is below or above the statewide child support guidelines. The amount of support that would have been ordered under the guideline formula is: \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

OTHER REBUTTAL FACTORS

2. Support calculation

- a. The guideline amount of child support calculated is: \$ _____ per month payable by petitioner/plaintiff respondent/defendant
- b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an increase decrease in child support. The revised amount of support is: \$ _____ per month.
- c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case. These changes remain in effect until (date): _____
 until further order
- d. The factors are:
 - (1) The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ _____ per month. (Fam. Code, § 4057(b)(2).)
 - (2) The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
 - (3) The petitioner/plaintiff respondent/defendant is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
 - (4) Special circumstances exist in this case. The special circumstances are:
 - (i) The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5) (A).)
 - (ii) The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
 - (iii) The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) (specify): _____
 - (iv) Other (Fam. Code, § 4057(b)(5)) (specify): _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180)
 Restraining Order After Hearing (CLETS-OAH) (form DV-130) Other (specify):
 Stipulation of Parties

THE COURT FINDS

1. Net Income. The parties' monthly income and deductions are as follows (complete a, b, or both):

	Total gross monthly <u>income</u>	Total monthly <u>deductions</u>	Total hardship <u>deductions</u>	Net monthly disposable <u>income</u>
a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS \$	\$	\$	\$	\$
b. Respondent: <input type="checkbox"/> receiving TANF/CalWORKS \$	\$	\$	\$	\$

2. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above (for temporary support only).

3. Judgment for spousal or partner support

- a. Modifies a judgment or order entered on (date):
 b. The parties were married for (specify numbers): _____ years _____ months.
 c. The parties were registered as domestic partners or the equivalent for (specify numbers): _____ years _____ months.
 d. The parties are both self-supporting, as shown on the Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170).
 e. The marital standard of living was (describe):

See Attachment 3d.

THE COURT ORDERS

4. The issue of spousal or partner support for the petitioner respondent is reserved for a later determination.
 5. The court terminates jurisdiction over the issue of spousal or partner support for the petitioner respondent.

6. a. The petitioner respondent must pay to the petitioner respondent
 as temporary spousal support family support partner support
 \$ _____ per month, beginning (date): _____, payable through (specify end date): _____

payable on the (specify): _____ day of each month.
 Other (specify): _____

- b. Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.
 c. An earnings assignment for the foregoing support will issue. (Note: The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
 d. Service of the earnings assignment is stayed provided the payor is not more than (specify number): _____ days late in the payment of spousal, family, or partner support.

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

7. The petitioner respondent should make reasonable efforts to assist in providing for his or her support needs.
8. The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
9. This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
10. Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.
11. Other orders (*specify*):

NOTICE: Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

THIS IS A COURT ORDER.

PETITIONER : RESPONDENT:	CASE NUMBER:
-----------------------------	--------------

**PROPERTY ORDER ATTACHMENT
TO FINDINGS AND ORDER AFTER HEARING**

THE COURT ORDERS

1. **Property restraining orders**
 - a. The petitioner respondent claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
 - b. The petitioner respondent must notify the other party of any proposed extraordinary expenses at least five business days before incurring such expenses, and make an accounting of such to the court.
 - c. The petitioner respondent is restrained from cashing, borrowing against, cancelling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor child or children.
 - d. The petitioner respondent must not incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

2. **Possession of property.** The exclusive use, possession, and control of the following property that the parties own or are buying is given as specified:

Property Given to

See Attachment 2.

3. **Payment of debts.** Payments on the following debts that come due while this order is in effect must be paid as follows:

Total debt	Amount of payments	Pay to	Paid by
\$	\$		
\$	\$		
\$	\$		
\$	\$		

See Attachment 3.

4. These are temporary orders only. The court will make final orders at the time of judgment.
5. Other (specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	
CASE NUMBER: _____	

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).
 - a. Date order filed:
 - b. Initial child support or family support order Modification
 - c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

<u>Child Support:</u> (1) <input type="checkbox"/> Current base child support \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional monthly support \$ _____ (3) <input type="checkbox"/> Total past-due support \$ _____ (4) <input type="checkbox"/> Payment on past-due support \$ _____	<u>Family Support:</u> <input type="checkbox"/> Current base family support \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional monthly support \$ _____ <input type="checkbox"/> Total past-due support \$ _____ <input type="checkbox"/> Payment on past-due support \$ _____	<u>Spousal Support:</u> <input type="checkbox"/> Current spousal support \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Total past-due support \$ _____ <input type="checkbox"/> Payment on past-due support \$ _____
--	--	---
 - (5) Wage withholding was ordered ordered but stayed until (date):
2. Person required to pay child or family support (name):
 Relationship to child (specify):
3. Person or agency to receive child or family support payments (name):
 Relationship to child (if applicable):

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

4. The child support order is for the following children:
- | | <u>Date of birth</u> | <u>Social security number</u> |
|----|----------------------|-------------------------------|
| a. | | |
| b. | | |
| c. | | |
- Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

- | | |
|---|---|
| <p>5. Father's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, zip code:</p>
<p>d. Mailing address:</p>
<p>City, state, zip code:</p>
<p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p>
<p>Street address:</p>
<p>City, state, zip code:</p>
<p>Telephone number:</p> | <p>6. Mother's name:</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, zip code:</p>
<p>d. Mailing address:</p>
<p>City, state, zip code:</p>
<p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p>
<p>Street address:</p>
<p>City, state, zip code:</p>
<p>Telephone number:</p> |
|---|---|

7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.
- a. The order protects: Father Mother Children
- b. From: Father Mother
- c. The restraining order expires on (date):

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

Date: _____

▶

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

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE CHILD SUPPORT CASE REGISTRY FORM (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in Item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below Item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a-g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in tribal, intrastate, and interstate cases as well as all child support orders initially issued in the state on or after January 1, 1994, and all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with 42 USC §666(b)(6)(A)(ii). Except as noted, the following information is required and must be included.

Please note:

- For the purpose of this IWO form and these instructions, "state" is defined as a state or territory.
- Do's and don'ts on using this form are found at www.acf.hhs.gov/programs/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial or original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is not completed by a state or tribal CSE agency, the sender should contact the CSE agency (see www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an attorney or private individual/entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete line 1i.
- 1h. **Remittance ID (include w/payment).** Identifier that employers must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe.** Name of the city, county, or district sending this form. This must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a CSE program for which this form is being sent. (A tribe should leave this field blank unless submitting this form on behalf of another tribe.)
- 1j. **Order ID.** Unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.
- 1l. **CSE Agency Case ID.** Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at www.acf.hhs.gov/programs/css/resource/federal-agency-income-withholding-contact-information.
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or

other taxpayer identification number.

- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Supplemental Information). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.
- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. **Blank box.** Space for court stamps, bar codes, or other information.

ORDER INFORMATION – Field 4 identifies which state or tribe issued the order. Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

4. **State/Tribe.** Name of the state or tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld per the time period (for example, week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld per the time period (for example, week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld per the time period (for example, week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld per the time period (for example, week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld per the time period (for example, week, month) specified in the underlying order.
- 10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld per the time period (for example, week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld per the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions per the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year.

AMOUNTS TO WITHHOLD - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
- 14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

REMITTANCE INFORMATION - Payments are forwarded to the SDU in each state, unless the order was issued by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

- 15. **State/Tribe.** Name of the state or tribe sending this document.
- 16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.
- 17. **Date.** Effective date of this IWO.
- 18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.
- 19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

For state orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment.

For tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303 (b) of the Federal Consumer Credit Protection Act (15 USC §1673(b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

COMPLETED BY SENDER:

20. **State/Tribe.** Name of the state or tribe sending this document.
21. **Document Tracking ID.** Optional unique identifier for this form assigned by the sender.

Please Note: Employer's Name, FEIN, Employee/Obligor's Name and SSN, Remittance ID, CSE Agency Case ID, and Order ID must appear in the header on pages two and subsequent pages.

22. **FIPS Code.** Federal Information Processing Standards code.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.
24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or tribal payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in tribal CSE orders.

COMPLETED BY SENDER:

26. **Signature of Judge/Issuing Official.** Signature (if required by state or tribal law) of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State-or tribal-specific information may be included only in the fields below.

COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an

employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for non-employees, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

- 34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
35. **Termination Date.** If applicable, date employee/obligor was terminated.
36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
37. **Last Known Address.** Last known home/mailling address of the employee/obligor.
38. **Final Payment Date.** Date employer sent final payment to SDU/tribal payee.
39. **Final Payment Amount.** Amount of final payment sent to SDU/tribal payee.
40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

COMPLETED BY SENDER:

CONTACT INFORMATION

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
43. **Issuer Phone Number.** Phone number of the contact person.
44. **Issuer Fax Number.** Fax number of the contact person.
45. **Issuer E-mail/Website.** E-mail or website of the contact person.
46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
48. **Issuer Phone Number.** Phone number of the contact person.

49. **Issuer Fax Number.** Fax number of the contact person.
50. **Issuer E-mail/Website.** E-mail or website of the contact person.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____ % of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments.

Include the *Remittance ID* with the payment and if necessary this FIPS code: _____

Remit payment to _____ California State Disbursement Unit (SDU/Tribal Order Payee)
at _____ P.O. Box 989067, West Sacramento, CA 95798-9067 (SDU/Tribal Payee Address)

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (If Required by State or Tribal Law): _____
 Print Name of Judge/Issuing Official: _____
 Title of Judge/Issuing Official: _____
 Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information.

Priority: Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

OMB Expiration Date - 7/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information:

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/tribal payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact _____ (issuer name)

by phone: _____, by fax: _____, by e-mail or website: _____

Send termination/income status notice and other correspondence to: _____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)

by phone: _____, by fax: _____, by e-mail or website: _____

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.