

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>													
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:														
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:														
<table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>REQUEST FOR ORDER</b> <input type="checkbox"/> </td> <td style="width: 33%;"> <b>CHANGE</b> <input type="checkbox"/> </td> <td style="width: 33%;"> <b>TEMPORARY EMERGENCY ORDERS</b> <input type="checkbox"/> </td> </tr> <tr> <td> <input type="checkbox"/> Child Custody         </td> <td> <input type="checkbox"/> Visitation (Parenting Time)         </td> <td> <input type="checkbox"/> Spousal or Partner Support         </td> </tr> <tr> <td> <input type="checkbox"/> Child Support         </td> <td> <input type="checkbox"/> Domestic Violence Order         </td> <td> <input type="checkbox"/> Attorney's Fees and Costs         </td> </tr> <tr> <td> <input type="checkbox"/> Property Control         </td> <td colspan="2"> <input type="checkbox"/> Other (specify):         </td> </tr> </table>		<b>REQUEST FOR ORDER</b> <input type="checkbox"/>	<b>CHANGE</b> <input type="checkbox"/>	<b>TEMPORARY EMERGENCY ORDERS</b> <input type="checkbox"/>	<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:
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<input type="checkbox"/> Property Control	<input type="checkbox"/> Other (specify):													

### 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:	<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 nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

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

### COURT ORDER

(FOR COURT USE ONLY)

**It is ordered that:**

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

Date:

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

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

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

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. ☐ CHILD SUPPORT

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

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

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):

☐

[Attachment 3a.](#)

The court ordered child support as follows (specify):

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

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

☐

[Attachment 3d.](#)

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT

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

a. ☐ Amount requested (monthly): \$

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

The court ordered \$ per month for support.

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

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

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

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

☐

[Attachment 4e.](#)

5. ☐ PROPERTY CONTROL

☐

I request temporary emergency orders

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

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

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

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

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

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

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

d. Specify in [Attachment 5d](#) the reasons why the court should make or change the property control orders.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. ☐ **ATTORNEY'S FEES AND COSTS**  
 I request attorney's fees and costs, which total (*specify amount*): \$ \_\_\_\_\_ . I filed the following to support my request:
- a. A current *Income and Expense Declaration* ([form FL-150](#)).
  - b. A *Request for Attorney's Fees and Costs Attachment* ([form FL-319](#)) or a declaration that addresses the factors covered in that form.
  - c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
7. ☐ **DOMESTIC VIOLENCE ORDER**
- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
  - Read [form DV-400-INFO](#), *How to Change or End a Domestic Violence Restraining Order* for more information.
- a. The *Restraining Order After Hearing* (form DV-130) was filed on (*date*): \_\_\_\_\_
  - b. I request that the court ☐ change ☐ end \_\_\_\_\_ the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (*If you want to change the orders, complete 7c.*)
  - c. ☐ I request that the court make the following changes to the restraining orders (*specify*): ☐ [Attachment 7c.](#)
  - d. I want the court to change or end the orders because (*specify*): ☐ [Attachment 7d.](#)
8. ☐ **OTHER ORDERS REQUESTED** (*specify*): ☐ [Attachment 8.](#)
9. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
- a. ☐ To serve the *Request for Order* no less than (*number*): \_\_\_\_\_ court days before the hearing.
  - b. ☐ The hearing date and service of the the *Request for Order* to be sooner.
  - c. I need the order because (*specify*): ☐ [Attachment 9c.](#)
10. ☐ **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. ☐ [Attachment 10.](#)

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

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

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

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



**Requests for Accommodations**

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

1 Name: \_\_\_\_\_

2 Street: \_\_\_\_\_

3 City, State: \_\_\_\_\_

4 \_\_\_\_\_

5  
6  
7  
8 SUPERIOR COURT OF CALIFORNIA  
9 COUNTY OF SAN BERNARDINO  
10

11 In re Matter of:

12 \_\_\_\_\_,  
13 Petitioner,

14 and

15 \_\_\_\_\_,  
16 Respondent.

Case No.: \_\_\_\_\_

**Declaration in Support of Request  
for Child Support**

☐ **Modification**

17  
18 I \_\_\_\_\_, do hereby declare as follows:

19 I am the ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARENT in this case. I am  
20 requesting that the court ☐ ESTABLISH ☐ RAISE ☐ LOWER my child support based on  
21 the following material circumstances/ change of circumstances:

22 My gross monthly income is \$ \_\_\_\_\_.\_\_\_\_\_.

23 ☐ My income has changed since the last child support order. Following are the facts  
24 regarding this change: \_\_\_\_\_

25  
26 ☐ I have a permanent disability and I do not have the present ability to pay child support.

27 Following are the facts regarding this circumstance: \_\_\_\_\_

☐ I am/was incarcerated and I do not have a job that would enable me to pay child support.

Following are the facts regarding this circumstance: \_\_\_\_\_

☐ The income of the other parent has changed substantially. The facts supporting this statement are set forth as follows: \_\_\_\_\_

☐ The following custody/visitation schedule of the minor children is presently in effect for the named minor child(ren): (*Write the names and date of birth for the child(ren) of this case*): \_\_\_\_\_

The custody/visitation arrangements are as follows: \_\_\_\_\_

☐ There are child care cost and expenses for the minor child(ren) in the amount of:

\$\_\_\_\_\_. These costs are presently paid as follows: \_\_\_\_\_

☐ Extreme hardship / additional child support orders exist. The facts supporting these hardships are set forth as follows: \_\_\_\_\_

☐ Father ☐ Mother is presently paying a health insurance premium of \$ \_\_\_\_\_.

☐ This amount was not included in the last child support calculation.

☐ Other circumstances exist that I am requesting the court to take into consideration in calculating child support. These circumstances are: \_\_\_\_\_

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

Dated \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:



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



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

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



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



**2. Age and education**

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



**3. Tax information**

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



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

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

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

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



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

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

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

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

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

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

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

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

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

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

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

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

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

**10. Deductions**

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

**11. Assets**

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

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



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

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



**13. Average monthly expenses**

☐ Estimated expenses   
 ☐ Actual expenses   
 ☐ Proposed needs

- |   |  |
|---|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p>    If mortgage:</p> <p>        (a) average principal: \$ _____</p> <p>        (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: 5px;"> <p><b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|--|



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

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



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

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

I confirm this fee arrangement.

Date:

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



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



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



**16. Number of children**

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



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

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



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

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



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

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



- (3) Child support I receive for those children..... \$ \_\_\_\_\_
- The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:



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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>  <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:  <div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (specify):

by enclosing them in an envelope AND

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

4. The envelope was addressed and mailed as follows:

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

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

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

Date:

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



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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr style="width: 10%; margin-left: 0;"/>   <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:  <div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

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

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

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date mailed:
  - d. Place of mailing (*city and state*):
5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

<b>REQUEST FOR SERVICE (DCSS)</b>	
<b>CASE NAME:</b>	<b>CASE NUMBER:</b>

☐**LOMA LINDA OFFICE**

10417 Mountain View Avenue, Loma Linda, CA 92354

☐**RANCHO CUCAMONGA OFFICE**

191 N. Vineyard Avenue, Ontario, CA 91764

☐**VICTORVILLE OFFICE**

15400 Civic Drive, Victorville, CA 92392

Pursuant to Family Code Section 17404(e)(3), I request that you serve all pleadings relating to support issues on the attached action.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Type or Print Your Name)\_\_\_\_\_  
(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):        <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	
PETITIONER/PLAINTIFF:   RESPONDENT/DEFENDANT:   OTHER PARENT/PARTY:	
<b>DECLARATION REGARDING ADDRESS VERIFICATION— POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER</b>	
CASE NUMBER:	

1. I am the ☐ attorney for ☐ petitioner ☐ respondent ☐ other parent ☐ other party in this matter.
2. ☐ **The request is to modify a judgment or permanent order only for child support and a local child support agency is providing services in the case.** Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).
3. ☐ **The request is to modify a judgment or permanent orders for child custody, visitation, or child support.**  
 Note: If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.
  - a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current residence or office address is (*specify*):
  - b. I can confirm that the above address is the other party's **current residence or office address** because (*specify*):
    - (1) ☐ I contacted the other party directly within the past 30 days and he or she gave me the above address.
    - (2) ☐ I have been at that address in connection with a custody and visitation or other matter within the past 30 days.
    - (3) ☐ It is the new address that the other party provided on *Notice of Change of Address* (form MC-040) or other pleading and filed with the court on (*specify date*):
    - (4) ☐ It is the office address that he or she last gave on a document filed with the court in this case which was also served on me as a party in the case.
    - (5) ☐ I sent the other party a letter by mail to the address in (2) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.
    - (6) ☐ I confirmed by another method (*specify*):  
☐ Continued in Attachment 3b(6).

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.  
 Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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## NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

- **If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

1. The local child support agency must be served not less than 30 days before the hearing date.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:**

1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**

**FOR COURT USE ONLY**

FAX NO.:

DEPT.:





**Do not write on the papers below!!!!**

**FYI:**

*This set of papers is meant to be given to the other party. (You don't need to copy)*

*Under the law, you are required to serve these BLANK forms on the other person.*

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)

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

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

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

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

(If you have more than one job, attach an 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: _____
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**12. The following people live with me:**

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

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

- |   |   |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-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. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|---|---|

**14. Installment 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:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

**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):  <hr style="width: 10%; margin-left: 0;"/>   <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:  <div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

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

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

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date mailed:
  - d. Place of mailing (city and state):
5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)