

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF KERN

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**REQUEST FOR ORDER**

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

**NOTICE**

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

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

**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>, talk to an attorney, or get help at your court’s Self-Help Center or Family Law Facilitator’s Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
  - For a domestic violence restraining order, use forms DV-100, DV-109, and DV-110.
  - For an order for contempt, use form FL-410.
  - To cancel a child support order, use form FL-360 or form FL-640.
  - To cancel a voluntary declaration of parentage or 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:
  - A current form FL-150, Income and Expense Declaration. You may use form FL-155, Financial Statement (Simplified), instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- 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:
  - A current FL-150, Income and Expense Declaration
  - FL-319, Request for Attorney’s Fees and Costs Attachment (or provide the information in a declaration)
  - FL-158, Supporting Declaration for Attorney’s Fees and Costs Attachment (or provide the information in a declaration)
- 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:
  - FL-321, Witness List
- h. If you want to request a separate trial (bifurcation) on an issue, you need:
  - FL-315, Request or Response to Request for Separate Trial



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

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

In the fourth box, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY ORDERS” if you are asking the court to make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting. In the box on the right, write the case number.

**Item 1:** List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.

**Item 2:** Leave this blank. The court clerk will fill in the date, time, and place of the hearing.

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

**Items 4-5:** Leave these blank. The court will complete them if it orders a hearing.

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

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

**Items 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.

*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**  
(not domestic violence restraining orders)

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

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

To request these orders:

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

10 **General information about “service”**

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

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

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”**

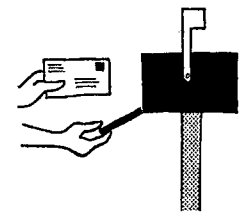
Personal service means that your “server” walks up to each person to be served, makes sure the right person is being served, and hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.



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

14 **“Service by mail”**

means that your “server” places copies of all the papers (including blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if the party 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!** If you have questions about personal service or service by mail, talk to a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/selfhelp-courtresources.htm>.



**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*;<sup>\*</sup>  
*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.

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

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

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

**Service by Mail**

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

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

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

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

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

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

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

**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>.

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:	
<b>REQUEST FOR ORDER</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>TEMPORARY EMERGENCY ORDERS</b> <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: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____
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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 \_\_\_\_\_ Page 1 of 4



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

Attachment 3a.

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

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 *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.)

SHORT TITLE:  	CASE NUMBER:  
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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)

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):	<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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(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.

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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

- a. Home:
- (1)  Rent or  mortgage .....\$\_\_\_\_\_
  - If mortgage:
  - (a) average principal:      \$\_\_\_\_\_
  - (b) average interest:      \$\_\_\_\_\_
  - (2) Real property taxes .....\$\_\_\_\_\_
  - (3) Homeowner's or renter's insurance (if not included above) .....\$\_\_\_\_\_
  - (4) Maintenance and repair .....\$\_\_\_\_\_
  - b. Health-care costs not paid by insurance .....\$\_\_\_\_\_
  - c. Child care .....\$\_\_\_\_\_
  - d. Groceries and household supplies .....\$\_\_\_\_\_
  - e. Eating out .....\$\_\_\_\_\_
  - f. Utilities (gas, electric, water, trash) .....\$\_\_\_\_\_
  - g. Telephone, cell phone, and e-mail .....\$\_\_\_\_\_
  - h. Laundry and cleaning .....\$\_\_\_\_\_
  - i. Clothes .....\$\_\_\_\_\_
  - j. Education .....\$\_\_\_\_\_
  - k. Entertainment, gifts, and vacation .....\$\_\_\_\_\_
  - l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) .....\$\_\_\_\_\_
  - m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) .....\$\_\_\_\_\_
  - n. Savings and investments .....\$\_\_\_\_\_
  - o. Charitable contributions .....\$\_\_\_\_\_
  - p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$\_\_\_\_\_
  - q. Other (specify): .....\$\_\_\_\_\_

r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) .....\$_____
--

s. Amount of expenses paid by others .....\$\_\_\_\_\_

**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)      (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 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)*:**

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**SPOUSAL OR DOMESTIC PARTNER SUPPORT DECLARATION ATTACHMENT**

- Declaration for Default or Uncontested Judgment (form FL-170)**     
  **Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)**  
 **Request for Order (form FL-300)**  
 **Other (specify):**

**1. Spousal or domestic partner support.**

- a. I am the (specify all that apply):
- (1)  petitioner     respondent.
- (2)  support payee (party asking for support)     support payor (party being asked to pay support).
- b. I request that the court (check all that apply)
- (1)  enter a judgment for spousal or domestic partner support for  petitioner     respondent.
- (2)  modify the judgment for spousal or domestic partner support for  petitioner     respondent.
- (3)  deny the request to modify the judgment for spousal or domestic partner support.
- (4)  terminate jurisdiction to award spousal or domestic partner support to  petitioner     respondent.

**2.  Attorney fees and costs.** I request that the court (check one):

- a.  order my attorney fees and costs to be paid by  my spouse or domestic partner     a joined party (specify):
- b.  deny the request for attorney fees and costs.

**SECTION 1: FACTS ABOUT BOTH PARTIES**

**3. Length of marriage or domestic partnership (Family Code section 4320(f))**

- a. (1) Date of marriage:  
 (2) Date of separation:  
 (3) Time from date of marriage to date of separation:.....    \_\_\_\_\_ years    \_\_\_\_\_ months
- b. (1) Date domestic partnership was registered:  
 (2) Date of separation:  
 (3) Time from date of registration of the domestic partnership to date of separation:    \_\_\_\_\_ years    \_\_\_\_\_ months
- c. If applicable, total combined years and months for the marriage (a(3)) and the domestic partnership (b(3)).....    \_\_\_\_\_ years    \_\_\_\_\_ months

**4. Standard of living of the marriage or domestic partnership (Family Code section 4320(a))**       See Attachment 4

The standard of living established during the marriage or domestic partnership was (describe, for example, information from your income tax return, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse, ability to save for retirement):

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**5. Age and health of the parties** (Family Code section 4320(h))

- a. The age of the party asking for support is:
- b. The age of the party being asked to pay support is:
- c. The health condition of the party asking for support is *(describe)*:  See Attachment 5c

- d. The health condition of the party being asked to pay support is *(describe)*:  See Attachment 5d

**6. Documented history of domestic violence** (Family Code section 4320(i))  See Attachment 6

The court will consider all documented evidence of any history of domestic violence between the parties or perpetrated by either party against either party's child, including but not limited to the following:

- a. A plea of nolo contendere ("no contest").
- b. Emotional distress resulting from domestic violence against the party asking for support by the party being asked to pay support.
- c. Any history of violence against the party being asked to pay support by the party asking for support.
- d. A *Restraining Order After Hearing* (form DV-130).
- e. A finding by a court as part of a case involving divorce, separation, or a child custody proceeding, or any other proceeding in family court in which the court has found that the spouse or domestic partner committed domestic violence.
- f. Other evidence of any history of violence between the parties.

*Attach to this form copies of the documents that you want the court to consider. Label them "Attachment 6."*

**7. Documented evidence of criminal conviction** (Family Code section 4320(m))

a.  **Felony conviction of the party asking for support**

The party being asked to pay support requests that the court find that the party asking for support is prohibited by law from receiving support (including medical, life, or other insurance benefits or payments) under Family Code section 4324.5 because:

- (1) The party asking for support was convicted of a violent sexual felony or domestic violence felony against the party being asked to pay support within five years after the conviction (and any time served in custody, on probation or on parole); and
- (2) The petition for divorce was filed within five years after the spouse's or domestic partner's conviction (and any time served in custody or on parole).

b.  **Misdemeanor conviction of the party asking for support**

See Attachment 7b

(1) There is a rebuttable presumption that the party asking for support is prohibited from receiving support from the party being asked to pay support under Family Code section 4325 because:

- (A) The party asking for support was either convicted of a domestic violence misdemeanor against the party being asked to pay support in this case or convicted of a misdemeanor against the other party that resulted in a term of probation under Penal Code section 1203.097; and
- (B) The conviction was entered by the court within five years before the petition for divorce was filed (or the conviction was entered at any time during the divorce case).

(2) Based on a preponderance of the evidence,

- (A)  The party being asked to pay support asks the court to find that the presumption has not been rebutted.
- (B)  The party asking for support asks the court find that the presumption has been rebutted.

*Attach to this form a declaration and documents that you want the court to consider. Label them "Attachment 7b"*



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**SECTION 2: FACTS ABOUT THE PARTY ASKING FOR SUPPORT**
**8. Earning capacity** (Family Code section 4320(a)(1))

a. The marketable skills (training, job skills, and work history) of the party asking for support (*describe*):  See Attachment 8a

b. The current job market for the job skills of the party asking for support is (*specify*):  See Attachment 8b

c. The time and expenses required for the party asking for support to acquire the appropriate education and training to develop the skills for the job market described in (b) (*specify*):  See Attachment 8c

d. The possible need for retraining or education to acquire other, more marketable skills or employment (*specify*):  See Attachment 8d

e. Indicate the extent to which the party asking for support is able to earn enough money to maintain the standard of living established during the marriage or domestic partnership.

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9. **Earning capacity** (Family Code section 4320(a)(2))  See Attachment 9
- a. The party asking for support  has  has not had periods of unemployment because of the time needed to attend to domestic duties. *(Complete (b) if there were periods of unemployment.)*
- b. Specify the extent to which the present or future earning capacity of the party asking for support is impaired by periods of unemployment to devote time to domestic duties during the marriage or domestic partnership.

10. **Contributions to the education and training of the party being asked to pay support**  See Attachment 10
- a. The party asking for support  did  did not contribute to the education, training, career position, or license of the party being asked to pay support *(If the party asking for support did contribute, complete item b below.)*
- b. Specify the extent to which the party asking for support contributed to the education, training, career position, or license of the party being asked to pay support.

11. **Care for children** (Family Code section 4320(g))  See Attachment 11
- a. The party asking for support  has  has not had periods of unemployment to care for the children of the marriage or domestic partnership. *(Complete (b) if there were periods of unemployment.)*
- b. The party asking for support  is  is not able to be gainfully employed without unduly interfering with the interests of the children in the care of the party asking for support *(specify):*

12. **Needs of the party asking for support** (Family Code section 4320(d))  See Attachment 12
- Specify the needs of the party asking for support based on the standard of living established during the marriage or domestic partnership, as described in question 4.

13. **Assets and debts** (Family Code section 4320(e))  See Attachment 13
- a. The assets, including separate property, of the party asking for support are *(specify):*

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b. The debts, including separate property, of the party asking for support are *(specify)*:

14. **Tax consequences** (Family Code section 4320(j))

See Attachment 14

The immediate and specific tax consequences for the party asking for support are *(specify)*:

15. **Goal to become self-supporting** (Family Code section 4320(l))

See Attachment 15

**Notice:** When ordering spousal or domestic partner support in a judgment, the court may advise (warn) the party asking for support to make reasonable efforts to become self-supporting within a reasonable period of time, considering all the factors in Family Code section 4320. The court may decide that this warning (often called a “Gavron” warning) is not appropriate if the case involves a marriage or domestic partnership of long duration (about 10 years or longer). Generally, failure to become self-supporting after the court gives the warning can result in an order to reduce the amount of the support award.

a. This  is  is not a marriage or domestic partnership of long duration (ten years or more).

b. The party asking for support  is  is not self-supporting *(If not, specify below what steps, if any, the party asking for support will take to become self-supporting within a reasonable period of time):*

c. Other *(specify below)*:

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**SECTION 3: FACTS ABOUT THE PARTY BEING ASKED TO PAY SUPPORT**

16. **Ability to pay support / earning capacity** (Family Code sections 4320(a) and (c))  See Attachment 16

- a. The earned income of the party being asked to pay support is *(specify)*:  unknown
- b. The unearned income of the party being asked to pay support is *(specify)*:  unknown
- c. This party  does  does not have the ability to earn enough money to maintain the standard of living described in 4 for both spouses or domestic partners. *(If not, explain why below.)*

d. Based on the above responses, this party  is  is not able to pay spousal or domestic partner support.

17. **Needs of the party being asked to pay support** (Family Code section 4320(d))  See Attachment 17

Specify the needs of the party being asked to pay support based on the standard of living established during the marriage or domestic partnership, as described in question 4.

18. **Assets and debts** (Family Code section 4320(e))  See Attachment 18

a. The assets, including separate property, of the party being asked to pay support are *(specify)*:

b. The debts, including separate property, of the party being asked to pay support are *(specify)*:

19. **Tax consequences** (Family Code section 4320(j))  See Attachment 19

The immediate and specific tax consequences for the party being asked to pay support *(specify)*:

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**SECTION 4: BALANCE OF HARDSHIPS AND OTHER FACTORS**

20. **Balance of hardships** (Family Code section 4320(k))  See Attachment 20  
 Describe below any special financial difficulties to the party if ordered to pay support compared to the hardship to the party who is asking for support. *(For example, consider the ability of a party to pay support versus the need of the other an party to receive financial support).*

21. Indicate below other factors, if any, that the court should consider that are just and equitable in ordering spousal or domestic partner.(Family Code section 4320(n))  See Attachment 21

Number of pages attached: \_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address)</i>  TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	<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:  (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF PERSONAL SERVICE</b>	

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