PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.:	FL-300
PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME:	FOR COURT USE ONLY
FIRM NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
OTHER PARENT/PARTY:	
REQUEST FOR ORDER CHANGE TEMPORARY EMERGENCY ORDERS	CASE NUMBER:
Child Custody Visitation (Parenting Time) Spousal or Partner Support	
Child Support Domestic Violence Order Attorney's Fees and Costs	
Property Control 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: Dept.:	Room.:
b. Address of court same as noted above other (specify):	
3. WARNING to the person served with the Request for Order: The court may make the reque	
not file a Responsive Declaration to Request for Order (form FL-320), serve a copy on the other	
before the hearing (unless the court has ordered a shorter period of time), and appear at the he	aring. (See form FL-320-INFO for
more information.)	
(Forms <u>FL-300-INFO</u> and <u>DV-400-INFO</u> provide information about completi	ng this form.)
COURT ORDER	
It is ordered that: (FOR COURT USE ONLY)	
4. Time for service until the hearing is shortened. Service must be on or	before (date):
 4 Time for service until the hearing is shortened. Service must be on or 5 A <i>Responsive Declaration to Request for Order</i> (form FL-320) must be served on or befor 	()
5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor	e (date):
 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor 6. The parties must attend an appointment for child custody mediation or child custody record 	e (date):
5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor	e (date):
 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor 6. The parties must attend an appointment for child custody mediation or child custody record 	e (date):
 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor 6. The parties must attend an appointment for child custody mediation or child custody recor (specify date, time, and location): 	e <i>(date):</i> nmending counseling as follows
 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor 6. The parties must attend an appointment for child custody mediation or child custody recor (specify date, time, and location): 7. The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this proceed 	e <i>(date):</i> nmending counseling as follows
 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor 6. The parties must attend an appointment for child custody mediation or child custody record (specify date, time, and location): 7. The orders in <i>Temporary Emergency (Ex Parte) Orders</i> (form FL-305) apply to this proceed served with all documents filed with this <i>Request for Order</i>. 	e <i>(date):</i> nmending counseling as follows
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Date:

PETITIONER:	CASE NUMBER:
RESPONDENT: OTHER PARENT/PARTY:	
	T FOR ORDER
"Attachment." For example, mark "Attachment 2a" to indicate t	case or to your request. If you need more space, mark the box for hat the list of children's names and birth dates continues on a paper chment number followed by your request. At the top of the paper, write se <i>Attached Declaration</i> (form MC-031) for this purpose.)
 RESTRAINING ORDER INFORMATION One or more domestic violence restraining/protective of Petitioner Respondent Other F The orders are from the following court or courts (speci a. Criminal: County/state (specify): b. Family: County/state (specify): c. Juvenile: County/state (specify): d. Other: County/state (specify): 	Parent/Party (Attach a copy of the orders if you have one.)
2. CHILD CUSTODY	
VISITATION (PARENTING TIME)	I request temporary emergency orders
a. I request that the court make orders about the follo Child's Name Date of Birth	wing children (specify): Legal Custody to (person who decides: health, education, etc): Physical Custody to (person who decides: health, education, etc):
 b. The orders I request for child custody (1) Specified in the attached forms: Form FL-305 Form F Form FL-341(D) Form F (2) As follows (specify): 	
c. The orders that I request are in the best interest of	the children because <i>(specify):</i>
 d. This is a change from the current order for (1) The order for legal or physical cus 	
(2) The visitation (parenting time) ord	ler was filed on (date): . The court ordered (specify).
	Attachment 2d.

			I L-300
0	THER	PETITIONER: RESPONDENT: PARENT/PARTY:	CASE NUMBER:
3.		CHILD SUPPORT (Note: An earnings assignment may be issued. See <i>Income Withholding for Supp</i> a. I request that the court order child support as follows: <u>Child's name and age</u> I request support for each based on the child supp	
		 I want to change a current court order for child support filed on <i>(date):</i> The court ordered child support as follows <i>(specify):</i> 	Attachment 3a.
		c. I have completed and filed with this <i>Request for Order</i> a current <i>Income and</i> a current <i>Financial Statement (Simplified)</i> (form FL-155) because I meet the	
		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-4 a. Amount requested (monthly): \$ b. I want the court to Change end the current support The court ordered per month for support. C. This request is to modify (change) spousal or partner support after ent I have completed and attached Spousal or Partner Support Declaration that addresses the same factors covered in form FL-157. d. I have completed and filed a current Income and Expense Declaration (form e. The court should should make, change, or end the support orders because (state). 	order filed on <i>(date):</i> ry of a judgment. <i>n Attachment</i> (<u>form FL-157</u>) or a declaration FL-150) in support of my request.
5.			I request temporary emergency orders n exclusive temporary use, possession, and se or rent (specify):
		 b. The petitioner respondent other parent/party be order and liens coming due while the order is in effect: 	ed to make the following payments on debts
		Pay to: Amount:	\$Due date:
			\$Due date:
		Pay to: For: Amount:	
		Pay to: For: Amount:	\$Due date:
		c. This is a change from the current order for property control filed on <i>(dat</i>)d. Specify in <u>Attachment 5d</u> the reasons why the court should make or change to the reasons why the court should	-

	FL-300
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
 6. ATTORNEY'S FEES AND COSTS I request attorney's fees and costs, which total (specify amount): \$ a. A current Income and Expense Declaration (form FL-150). 	. I filed the following to support my request:
 b. A Request for Attorney's Fees and Costs Attachment (form FL-319) or a de in that form. c. A Supporting Declaration for Attorney's Fees and Costs Attachment (form F factors covered in that form. 	
7. DOMESTIC VIOLENCE ORDER	
 Do not use this form to ask for domestic violence restraining orders! Read <i>Temporary Restraining Order,</i> for forms and information you need to ask for Read form DV-400-INFO, How to Change or End a Domestic Violence Restaining Order After Hearing (form DV-130) was filed on (date): b. I request that the court change end the personal conduct protective orders made in <i>Restraining Order After Hearing</i> (form DV-130). (or domestic violence restraining orders. <i>straining Order</i> for more information. Inct, stay-away, move-out orders, or other
c. I request that the court make the following changes to the restraining	
d. I want the court to change or end the orders because (<i>specify</i>):	Attachment 7d.
8. OTHER ORDERS REQUESTED (specify):	Attachment 8.
 9. TIME FOR SERVICE / TIME UNTIL HEARING urgently need: a. To serve the <i>Request for Order</i> no less than (<i>number</i>): court b. The hearing date and service of the the <i>Request for Order</i> to be soon c. I need the order because (<i>specify</i>): 	days before the hearing. ner. <u>Attachment 9c.</u>
10. FACTS TO SUPPORT the orders I request are listed below. The facts that I we cannot be longer than 10 pages, unless the court gives me permission.	rite in support and attach to this request <u>Attachment 10.</u>
I declare under penalty of perjury under the laws of the State of California that the informatis true and correct.	ation provided in this form and all attachments
Date:	

(TYPE OR PRINT NAME)
Requests for Accommod
Assistive listening systems

Accommodations

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

FL-300 [Rev. July 1, 2016]

REQUEST FOR ORDER

(SIGNATURE OF APPLICANT)

Name:		
Street:		
City, State:		
SUPERIOR	COURT OF CALIFORNIA	
COUNTY	OF SAN BERNARDINO	
In re Matter of:	Case No.:	
,	Declaration in Support of Request	
Petitioner,	for Child Support	
and	Modification	
, Respondent.		
l, c	da baraby daclara as fallows:	
I am the PETITIONER RESPONDENT OTHER PARENT in this case. I am requesting that the court ESTABLISH RAISE LOWER my child support based or		
the following material circumstances/ cha		
My gross monthly income is \$		
My gross monthly moone is the last child support order. Following are the facts		
regarding this change:		
- Jan 19		
I have a permanent disability and I d	o not have the present ability to pay child support.	
Following are the facts regarding this circ	cumstance:	

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 \$				
L 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:				
Declaration of Page 2 of 2				
Declaration of Page 2 of 2				

INCOME AND EXPENSE DECLARATION 1. Employment (Give information on your current job or, if you're unemployed, your most red Attach copies a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: b. Date job started: f. If unemployed, date job ended: Security numbers). h. I get paid \$ gross (before taxes) per month (If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the satisfies. 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, h c. Number of years of college completed (specify): Degree(s) obtained d. Number of years of graduate school completed (specify): c. I have: professional/occupational license(s) (specify): c. I have: Itast filed taxes for tax year (specify year):	FOR COURT USE ONLY
FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: ELEPHONE NO: FAX NO: E-MAIL ADDRESS: ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MALING ADDRESS: SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MALING ADDRESS: CITY: AND ZIP CODE: BRANCH NAME: PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT: C Attach copies a. Employer: b. Employer's address: b. Employer's address: of your pay stubs for last stubs for last c. Employer's phone number: d. Occupation: b. Employer's phone number: d. Occupation: c. Employer's address: d. Occupation: f. If unemployed, date job ended: Social f. If unemployed, date job ended: Security g. I work about hours per week. numbers). h. I get paid \$ gross (before taxes) per month Social f. If unemployed attach an 8 1/2-by-11-inch sheet of paper and list the sci jobs. Write "Question 1—Other Jobs" at the top.) 2. Age and education a. My age is (specify):	
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CITY: STATE: ZIP CODE: FAX NO: FAX NO	
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: STREET ADDRESS: MALING ADDRESS: C OTHARD ADDRESS: PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT: OTHER PARTY/PARENT/CLAIMANT: C I. Employment (Give information on your current job or, if you're unemployed, your most reference Attach copies a. a. Employer: b. Employer's address: c. C. Attach copies b. a. Employer's address: c. C. b. Employer's address: c. C. b. Employer's address: c. C. b. Employer's address: c. Decipot started: f. If unemployed, date job ended: Security g. I work about hours per week. numbers). I get paid \$ gross (before taxes) per month if you have more than one	
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INCOME AND EXPENSE DECLARATION 1. Employment (Give information on your current job or, if you're unemployed, your most real attach copies of your pay stubs for last two months a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: Social f. If unemployed, date job ended: g. I work about hours per week. numbers). h. I get paid \$ gross (before taxes) per month if you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the scipobs. 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, h c. Number of years of graduate school completed (specify): Degree(s) obtained d. Number of years of graduate school completed (specify): Degree(s) obtained d. Number of years of graduate school completed (specify): Degree(s) obtained d. Number of years of graduate school completed (specify): Degree(s) obtained d. Number of years of graduate school completed (specify): Degree(s) obtained d. Number of years of graduate school completed (specify): Degree(s) (struct)	
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4. Other party's income. I estimate the gross monthly income (before taxes) of the other party	
	arty in this case at <i>(specify)</i> : \$
na	
(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-in question number before your answer.) Number of pages attached:	ch sheet of paper and write the
I declare under penalty of perjury under the laws of the State of California that the information any attachments is true and correct.	contained on all pages of this form a
Date:	

	FL-150
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

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.)

?		urn to the court hearing. (Black out your Social Security number on the pay stud 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)	\$	montiny
		b. Overtime (gross, before taxes)	\$	
		c. Commissions or bonuses	\$	
(<u>?</u>)	d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving	\$	
	<u> </u>		\$	
		f. Partner support from this domestic partnership from a different domestic partnership	\$	
		g. Pension/retirement fund payments		
		h. Social Security retirement (not SSI)	\$	
			\$	
		j. Unemployment compensation.	\$	
		k. Workers' compensation	\$	
			\$	
	6	Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of prop	orty)	
6	, U.			
)	a. Dividends/interestb. Rental property income		
			ፍ 	
		c. Trust income	\$	
		d. Other (specify):	φ	
	7.	Income from self-employment, after business expenses for all businesses	\$	
$\left(\begin{array}{c} 2 \end{array} \right)$)	I am the owner/sole proprietor business partner other (specify):		
		Number of years in this business (specify):		
		Name of business (specify):		
		Type of business <i>(specify):</i>		
		Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax is Social Security number. If you have more than one business, provide the information above for each		
	8.	Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 mor <i>amount):</i>	oths (specify s	source and
	9.	Change in income. My financial situation has changed significantly over the last 12 months because	e (specify):	
2	10	Deductions		Last month
		a. Required union dues	\$	
\bigcirc		 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 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		
			1 10g)	
	11	Assets		Total
		a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$	
6		b. Stocks, bonds, and other assets I could easily sell		
\checkmark		c. All other property, real and personal (estimate fair market value minus the debts	/ou owe) \$	
	* 0	beak the here if the ensured support order or judgment use executed by the parties and the court before longer (1, 2010		darad abanaa

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:	

CASE NUMBER:

FL-150

OTHER PARTY/PARENT/CLAIMANT	OTHER	PARTY/I	PARENT/C	CLAIMANT
-----------------------------	-------	---------	----------	----------

12. Th	e following people live with me:						
N	ame	Age	How the period	erson is me <i>(ex: son)</i>	That person's gross monthly income	Pays some of household e	
a. b. c. d. e.						Yes Yes Yes Yes Yes Yes	No No No No No No No
13. A v	verage monthly expenses	Estimated	expenses	Actual of	expenses Propo	sed needs	
a.	Home:			h. Laur	ndry and cleaning		\$
	(1) Rent or mortga	ge s	\$	i. Cloth	nes		\$
	If mortgage:			j. Educ	ation		\$
	(a) average principal: \$			k. Ente	rtainment, gifts, and vacati	on	\$
	(b) average interest: \$			<i>l</i> . Auto	expenses and transportat	ion	
	(2) Real property taxes		\$		irance, gas, repairs, bus, e		\$
	(3) Homeowner's or renter's insurance	ce			ance (life, accident, etc.; d		¢
	(if not included above)				, home, or health insurance	-	
	(4) Maintenance and repair			_	ngs and investments		
b.	Health-care costs not paid by insurar				ritable contributions		Φ
c.	Child care		\$		thly payments listed in item hize below in 14 and insert		\$
d.	Groceries and household supplies	:	\$		r (specify):		\$
e.	Eating out		\$	-			÷
f.	Utilities (gas, electric, water, trash)		-		AL EXPENSES (a–q) (do amounts in a(1)(a) and (b))		\$
g.	Telephone, cell phone, and e-mail	(\$	– s. Amo	ount 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 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)

OF DECLARANT)

CASE NUMBER:

PETITIONER: RESPONDENT:

OTHER PARTY/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.)

) (a	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)	\$	
°.	(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 (ex	plain):



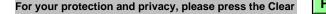
20. Other information I want the court to know concerning support in my case (specify):

FL-150 [Rev. January 1, 2019]

INCOME AND EXPENSE DECLARATION

Page 4 of 4

Clear this form



Print this form Save this form

ATTORNEY OR PARTY WITHOUT A	TTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
—		
TELEPHONE NO.: E-MAIL ADDRESS (Optional):	FAX NO. (Optional):	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF	CALIFORNIA, COUNTY OF	-
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTI	FF-	CASE NUMBER:
RESPONDENT/DEFENDAM	NT:	(If applicable, provide):
OTHER PARENT/PART	TY:	HEARING DATE:
		HEARING TIME:
	PROOF OF SERVICE BY MAIL	DEPT.:

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)

Page 1 of 1

ATTORNEY OR PARTY WITHOUT A	TTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
—		
TELEPHONE NO.: E-MAIL ADDRESS (Optional):	FAX NO. (Optional):	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF	CALIFORNIA, COUNTY OF	-
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIF	FF:	CASE NUMBER:
RESPONDENT/DEFENDAM	NT:	(If applicable, provide):
OTHER PARENT/PART	ΓY:	HEARING DATE:
		HEARING TIME:
	PROOF OF SERVICE BY MAIL	DEPT.:

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)

Page 1 of 1

REQUEST FOR SERVICE (DCSS)

CASE NUMBER:

	_	
	1	
	_	

LOMA LINDA OFFICE

10417 Mountain View Avenue, Loma Linda, CA 92354

L			
L			

RANCHO CUCAMONGA OFFICE

191 N. Vineyard Avenue, Ontario, CA 91764

		٦.

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)

EI -33/

	FL-334
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
DECLARATION REGARDING ADDRESS VERIFICATION—	CASE NUMBER:
POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY,	
VISITATION, OR CHILD SUPPORT ORDER	
1. I am the attorney for petitioner respondent other paren	t other party in this matter.
2. The request is to modify a judgment or permanent order only for child suppor providing services in the case. Service of the request solely to modify child suppor the local child support agency at least 30 days prior to the hearing as provided in Fa 17406(f).	ort will be made on other party by serving
3. The request is to modify a judgment or permanent orders for child custody, vi	sitation, or child support.
Note: If you cannot verify the other party's current residence or office address, mai must be personally served. <i>Proof of Personal Service</i> (form FL-330) may be used for	I service may not be used. The other party
a. Before the request was served on the other party by mail, I verified in the previo current residence or office address is (specify):	us 30 days that the other party's current
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 sl	ne 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 Chang pleading and filed with the court on (specify date):	e of Address (form MC-040) or other
(4) It is the office address that he or she last gave on a document filed wit served on me as a party in the case.	h the court in this case which was also
(5) I sent the other party a letter by mail to the address in (2) with return reand accepted the letter at that address within the past 30 days.	eceipt requested and the other party signed
(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)

Form Approved for Optional Use Judicial Council of California FL-334 [New January 1, 2012]

DECLARATION REGARDING ADDRESS VERIFICATION-POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER

Page 1 of 2 Code of Civil Procedure, §§ 1013, 1013a; Family Code, §§ 215, 17404, 17406 www.courts.ca.gov

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

TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	(If applicable, provide):
OTHER PARENT/PARTY:	HEARING DATE:
PROOF OF PERSONAL SERVICE	DEPT.:
1. I am at least 18 years old, not a party to this action, and not a protected person listed in a	any of the orders.
 Person served (name): Learned ensity of the following decuments (apacify): 	
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 not a registered California process server. b a registered California process server. c 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 process server. 	f or marshal.
 7. I declare under penalty of perjury under the laws of the State of California that the f 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) (SIGNATUR	RE OF PERSON WHO SERVED THE PAPERS)
	Page 1 of 1
Form Approved for Optional Use Judicial Council of California FL-330 [Rev. January 1, 2012]	Code of Civil Procedure, § 1011 www.courts.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 (Name, State Bar number, and address):



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.

			FL-320
PARTY WITHOUT ATTORNEY OR ATTORNEY:	STATE BAR NO .:		FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COU	NTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARENT/PARTY:			
RESPONSIVE DECLAR	ATION TO REQUE	EST FOR ORDER	CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	
Read Information Sheet: Responsiv	e Declaration to Requ	est for Order (form FL-320-	INFO) for more information about this form.
1. RESTRAINING ORDER INFO	ΜΑΤΙΟΝ		
		orders are now in effect h	etween the parties in this case

restraining/protective orders are now in enect between the parties in this cas b. I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

CHILD CUSTODY 2.

VISITATION (PARENTING TIME)

- I consent to the order requested for child custody (legal and physical custody). a.
- I consent to the order requested for visitation (parenting time). b.
- c. [I do not consent to the order requested for _____ child custody visitation (parenting time) but I consent to the following order:

CHILD SUPPORT 3.

- 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.
- I consent to guideline support. c.
- d. I do not consent to the order requested but I consent to the following order:

SPOUSAL OR DOMESTIC PARTNER SUPPORT 4.

- 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:		CASE NUMBER:
0	тиср	RESPONDENT: PARENT/PARTY:		
5.		PROPERTY CONTROL a. I consent to the order requested. b. I do not consent to the order requested	_ but I consent to the follo	owing order:
6.		 ATTORNEY'S FEES AND COSTS a. I have completed and filed a current <i>Income and E</i> declaration. b. I have completed and filed with this form a <i>Suppor</i> FL-158) or a declaration that addresses the factors c. I consent to the order requested. d. I do not consent to the order requested 	ting Declaration for Attorne	ey's Fees and Costs Attachment (<u>form</u>
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	e 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	e 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 th	e following order:
10.		FACTS TO SUPPORT my responsive declaration are longer than 10 pages, unless the court gives me perm		at I write and attach to this form cannot be <u>Attachment 10.</u>
		under penalty of perjury under the laws of the State of 0 d correct.	California that the informati	on provided in this form and all attachments
Da	te:			
			<u>u</u>	
		(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

		FL-150
ATTORNEY OR PAR	RTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
–		
TELEPHO		
E-MAIL ADDRESS (0		
ATTORNEY FOR	(Name):	
SUPERIOR CC	URT OF CALIFORNIA, COUNTY OF	
STREET AD	DRESS:	
MAILING AD	DRESS:	
CITY AND ZI	P CODE:	
BRANCH	I NAME:	
PETITIONE	R/PLAINTIFF:	
RESPONDENT/	DEFENDANT:	
OTHER PAREN	T/CLAIMANT:	
-	INCOME AND EXPENSE DECLARATION	CASE NUMBER:
	INCOME AND EXPENSE DECLARATION	
1 Employme	nt (Give information on your current job or, if you're unemployed, your mos	t recent ich)
	a. Employer:	
Attach copies		
of your pay	b. Employer's address:	
stubs for last	c. Employer's phone number:	
two months	d. Occupation:	
(black out	e. Date job started:	
social	f. If unemployed, date job ended:	
security	g. I work about hours per week.	
numbers).	h. I get paid \$ gross (before taxes) per month	per week per hour.
	ore than one job, attach an 8½-by-11-inch sheet of paper and list the s Question 1—Other Jobs" at the top.)	ame information as above for your other
2. Age and e	ducation	
-		
	is (specify):	
		highest grade completed (specify):
c. Numbe		ained (specify):
d. Numbe	r of years of graduate school completed (specify):	(s) obtained (specify):
e. I have:	professional/occupational license(s) (specify):	
	vocational training (specify):	
3. Tax inform		
a. 📖 I	last filed taxes for tax year (specify year):	
b. My tax	filing status is single head of household married, f	iling separately
r r	narried, filing jointly with (specify name):	
c. I file sta	ate tax returns in California dother (specify state):	
	the following number of exemptions (including myself) on my taxes (specify).
u. relaint).
	y's income. I estimate the gross monthly income (before taxes) of the othe tte is based on (explain):	r party in this case at <i>(specify):</i> \$
	nore space to answer any questions on this form, attach an 8½-by-11-i aber before your answer.) Number of pages attached:	nch sheet of paper and write the
	penalty of perjury under the laws of the State of California that the informat ts is true and correct.	ion contained on all pages of this form and
•		
Date:		
	<u>/</u>	

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4 Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339 www.courtinfo.ca.gov

American LegalNet, Inc. www.FormsWorkflow.com

			FL-150
_	PETITIONER/PLAINTIFF: CASE NUMBER:		
	RESPONDENT/DEFENDANT: DTHER PARENT/CLAIMANT:		
	tach copies of your pay stubs for the last two months and proof of any other income. Take a copy of a return to the court hearing. (<i>Black out your social security number on the pay stub and tax return.</i>)	your latest f	ederal
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	r	
	d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving		
	e. Spousal support from this marriage from a different marriage		
	f. Partner support from this domestic partnership from a different domestic partnership g. Pension/retirement fund payments		
	h. Social security retirement (not SSI)		
	i. Disability: Social security (not SSI) State disability (SDI) Private insurance .		
	j. Unemployment compensation	\$	
	k. Workers' compensation	\$	
	I. Other (military BAQ, royalty payments, etc.) (specify):	\$	
6.	Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of prop	ertv)	
0.	a. Dividends/interest.	• •	
	b. Rental property income	+	
	c. Trust income. S d. Other (specify): S	•	
		⊅	
7.	Income from self-employment, after business expenses for all businesses	S	
	I am the owner/sole proprietor business partner other (<i>specify</i>):		
	Number of years in this business (specify):		
	Name of business (<i>specify</i>): Type of business (<i>specify</i>):		
	Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax r social security number. If you have more than one business, provide the information above for eac		
8.	Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 mon amount):	nths <i>(specify</i>	source and
9.	Change in income. My financial situation has changed significantly over the last 12 months because	e (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") 		
			Ψ
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, contract and contract personal (estimate fair market value minus the debts you	ı owe)	\$

PETITIONER/PLAINTIFF:	CASE NUMBER:
_RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

12. The following people live with me:

	Name	Age	How the person is related to me? <i>(ex: son)</i>	That person's gross monthly income	Pays some of the household expenses?
	a. b. c. d.				Yes No Yes No Yes No Yes No Yes No Yes No
10					Yes No
	Average monthly expenses			al expenses Prop	\$
	(1) Rent or mortga	Ф Ф		, u	· · · · · · · · · \$
	If mortgage:	ye φ —		ion	\$
	(a) average principal: \$		k. Enterta	inment, gifts, and vacation	ı \$
	(b) average interest: \$			penses and transportation	
	(2) Real property taxes	\$	(insura	nce, gas, repairs, bus, etc.)\$
	(3) Homeowner's or renter's insura (if not included above)		inaluda	ice (life, accident, etc.; do auto, home, or health insu	not urance) \$
	(4) Maintenance and repair		n Saving	s and investments	\$
b		•	0. Charita	ble contributions	\$
C			p. Monthi	y payments listed in item 1	4 tal here) \$
			Others		\$\$
C					Ŧ
e	e. Eating out\$		r. TOTAI	EXPENSES (a-q) (do no	ot add in
f.	. Utilities (gas, electric, water, trash) .	· · · · · \$ <u> </u>	the arr	ounts in a(1)(a) and (b))	\$
ç	. Telephone, cell phone, and e-mail .	\$	s. Amou	nt of expenses paid by o	thers \$

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)

FI -150

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if you	r 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.	Ad	ditional 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.		cial hardships. I ask the court to consider the following special financial cir	cumstances	
	(atta	ach documentation of any item listed here, including court orders):	Amount per month	For how many months?
	a.	Extraordinary health expenses not included in 18b	\$	
		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):		FOR COURT USE ONLY
—		
TELEPHONE NO.: E-MAIL ADDRESS (Optional):	FAX NO. (Optional):	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		-
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIF	FF-	CASE NUMBER:
RESPONDENT/DEFENDANT:		(If applicable, provide):
OTHER PARENT/PART	TY:	HEARING DATE:
PROOF OF SERVICE BY MAIL		HEARING TIME:
		DEPT.:

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)

Page 1 of 1