Cost $5.00

REQUEST FOR ORDER PACKETS

Establishes Orders

OR

Modifies Orders for:

: Child Support

: Child Custody

: Child Visitation

: Spousal Support

: Property Control

Updated: July 1, 2016

FL-300-INFO Information Sheet for Request for Order

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

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

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

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

(3) Forms checklist

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

b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
- ☐ FL-105, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
- ☐ FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*
- ☐ FL-312, *Request for Child Abduction Prevention Orders*
- ☐ FL-341(C), *Children's Holiday Schedule Attachment*
- ☐ FL-341(D), *Additional Provisions—Physical Custody Attachment*
- ☐ FL-341(E), *Joint Legal Custody Attachment*

c. If you want child support, you need this form:
- ☐ A current FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.

d. If you want spousal or partner support or orders about your finances, you need:
- ☐ A current FL-150, *Income and Expense Declaration*
- ☐ FL-157, *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)

e. If you want attorney's fees and costs, you need these forms:
- ☐ A current FL-150, *Income and Expense Declaration*
- ☐ FL-319, *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- ☐ FL-158, *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)

f. To request temporary emergency (ex parte) orders, you need:
- ☐ FL-305, *Temporary Emergency Orders* to serve as the proposed temporary emergency orders.
- ☐ Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use form FL-303, *Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders.*
- ☐ Other forms required by local courts. See item 9 on page 3 of this form for more information.

g. If you plan to have witnesses testify at the hearing, you need form:
- ☐ FL-321, *Witness List*

h. If you want to request a separate trial (bifurcation) on an issue, you need form:
- ☐ FL-315, *Request or Response to Request for Separate Trial*

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

Caption: Complete the top portion with your name, address, and telephone number, and the court address. Next, write the name of the Petitioner, Respondent, or Other Parent/Party (You must use the party names as they appear in the petition that was originally filed with the court). Then, write the case number.

In the next section, check "CHANGE" if you want to change an existing order. Check "TEMPORARY EMERGENCY (EX PARTE) ORDER" if you are asking that the court make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting.

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

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

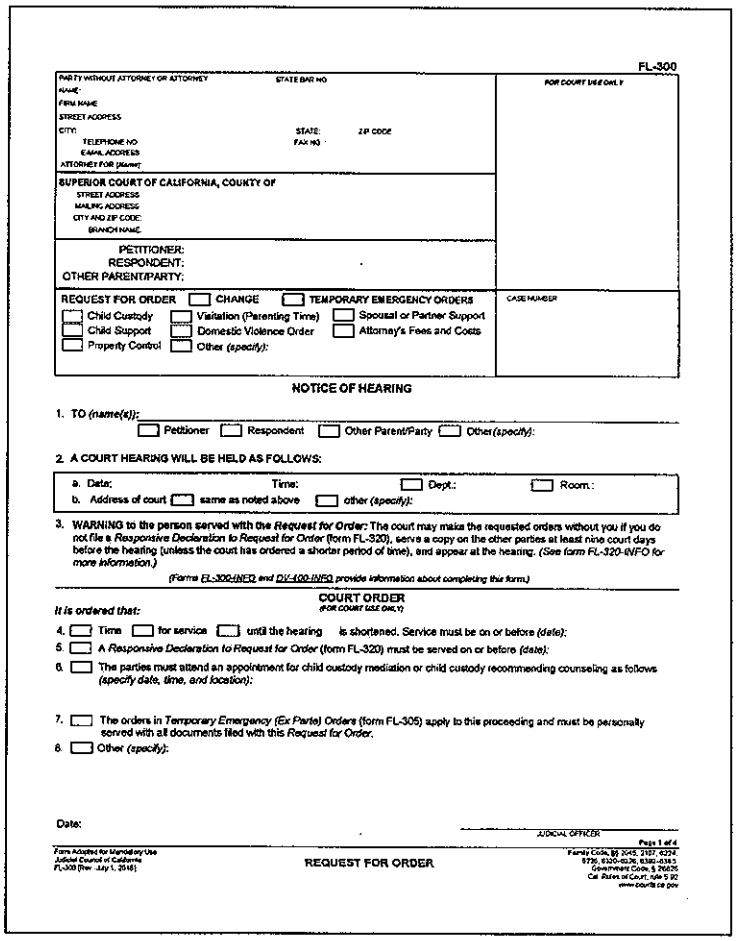
Item 3: This is a notice to all other parties.

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

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

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

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



FL-300

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, COUNTY OF
STREET ADDRESS
MAILING ADDRESS
CITY AND ZIP CODE:
BRANCH NAME

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

REQUEST FOR ORDER ☐ CHANGE ☐ TEMPORARY EMERGENCY ORDERS
☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support
☐ Child Support ☐ Domestic Violence Order ☐ Attorney's Fees and Costs
☐ Property Control ☐ Other *(specify)*:

CASE NUMBER

NOTICE OF HEARING

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

2. A COURT HEARING WILL BE HELD AS FOLLOWS:
a. Date: Time: ☐ Dept.: ☐ Room.:
b. Address of court ☐ same as noted above ☐ other *(specify)*:

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

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

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

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

Date:

JUDICIAL OFFICER

Page 1 of 4

Form Adopted for Mandatory Use
Judicial Council of California
FL-300 [Rev. July 1, 2016]

REQUEST FOR ORDER

Family Code, §§ 2045, 2107, 6224, 6226, 6320-6326, 6380-6383
Government Code, § 26826
Cal. Rules of Court, rule 5.92
www.courtinfo.ca.gov

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

(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.

(7) File your documents

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

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

(8) Pay filing fees

A fee is due at the time of filing.

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

(9) Temporary Emergency (Ex Parte) Orders

(nondomestic violence restraining orders)

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

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

To request these orders:

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

(10) General information about "service"

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

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

(11) Serve the Request for Order and blank forms

The other party must be "served" with a:

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

(12) Who can be a "server"

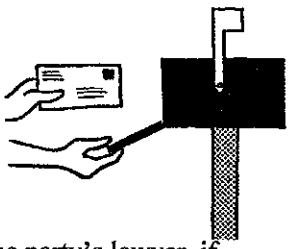
You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The "server" can be a friend, a relative who is not involved in your case, a sheriff, or a professional process server.

(13) "Personal Service"

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

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

(14) "Service by mail"



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

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

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

(15) When to use personal service or service by mail

Personal Service

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

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

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

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

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

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

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

Service by Mail

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

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

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

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

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

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

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

(16) Get ready for your hearing

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

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

(18) Do you have questions or need help?

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

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	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, COUNTY OF Trinity
STREET ADDRESS: 11 Court Street
MAILING ADDRESS: PO Box 1258
CITY AND ZIP CODE: Weaverville CA, 96093
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 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

It is ordered that: ***(FOR COURT USE ONLY)***

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-300 [Rev. July 1, 2016]

REQUEST FOR ORDER

Family Code, §§ 2045, 2107, 6224, 6226, 6320–6326, 6380–6383;
Government Code, § 26826
Cal. Rules of Court, rule 5.92
www.courts.ca.gov

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

REQUEST FOR ORDER

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

1. ☐ RESTRAINING ORDER INFORMATION
   One or more domestic violence restraining/protective orders are now in effect between *(specify)*:
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party *(Attach a copy of the orders if you have one.)*
   The orders are from the following court or courts *(specify county and state)*:
   a. ☐ Criminal: County/state *(specify)*: Case No. *(if known)*:
   b. ☐ Family: County/state *(specify)*: Case No. *(if known)*:
   c. ☐ Juvenile: County/state *(specify)*: Case No. *(if known)*:
   d. ☐ Other: County/state *(specify)*: Case No. *(if known)*:

2. ☐ CHILD CUSTODY
   ☐ VISITATION (PARENTING TIME)
   ☐ I request temporary emergency orders
   a. I request that the court make orders about the following children *(specify)*:

Child's Name	Date of Birth	☐ Legal Custody to *(person who decides: health, education, etc)*:	☐ Physical Custody to *(person with whom child lives)*:

   ☐ Attachment 2a.

   b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:
      (1) ☐ Specified in the attached forms:
      ☐ Form FL-305 ☐ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)
      ☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other *(specify)*:
      (2) ☐ As follows *(specify)*:
      ☐ Attachment 2b.

   c. The orders that I request are in the best interest of the children because *(specify)*:
      ☐ Attachment 2c.

   d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).
      (1) ☐ The order for legal or physical custody was filed on *(date)*: . The court ordered *(specify)*:
      (2) ☐ The visitation (parenting time) order was filed on *(date)*: . The court ordered *(specify)*:
      ☐ Attachment 2d.

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

3. ☐ CHILD SUPPORT
(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))
a. I request that the court order child support as follows:

Child's name and age	☐ I request support for each child based on the child support guideline.	Monthly amount ($) requested (if not by guideline)

b. ☐ I want to change a current court order for child support filed on *(date)*: ☐ Attachment 3a.
The court ordered child support as follows *(specify)*:

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.
d. The court should make or change the support orders because *(specify)*: ☐ Attachment 3d.

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT
(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)
a. ☐ Amount requested *(monthly)*: $
b. ☐ I want the court to ☐ change ☐ end the current support order filed on *(date)*:
The court ordered $ per month for support.
c. ☐ This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.
d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
e. The court should should make, change, or end the support orders because *(specify)*: ☐ Attachment 4e.

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

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

c. ☐ This is a change from the current order for property control filed on *(date)*:
d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

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

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

7. ☐ DOMESTIC VIOLENCE ORDER

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

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

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

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

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

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

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

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

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

TEMPORARY EMERGENCY COURT ORDERS

Attachment to *Request for Order* (FL-300)

The court makes the following orders, which are effective immediately and until the hearing:

1. ☐ PROPERTY RESTRAINT
   a. ☐ Petitioner ☐ Respondent ☐ Claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
      ☐ The other party is to be notified of any proposed extraordinary expenditures, and an accounting of such is to be made to the court.
   b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor child or children.
   c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

2. ☐ PROPERTY CONTROL
   a. ☐ Petitioner ☐ Respondent is given the exclusive temporary use, possession, and control of the following property that the parties own or are buying *(specify)*:

   b. ☐ Petitioner ☐ Respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt	Amount of payment	Pay to

3. ☐ MINOR CHILDREN
   a. ☐ Petitioner ☐ Respondent will have the temporary physical custody, care, and control of the minor children of the parties ☐ subject to the other party's rights of visitation as follows:

   b. ☐ Petitioner ☐ Respondent must not remove the minor child or children of the parties
      (1) ☐ from the state of California.
      (2) ☐ from the following counties *(specify)*:
      (3) ☐ other *(specify)*:
   c. ☐ Child abduction prevention orders are attached (see form FL-341(B)).
   d. (1) Jurisdiction: This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
      (2) Notice and opportunity to be heard: The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
      (3) Country of habitual residence: The country of habitual residence of the child or children is
      ☐ the United States of America ☐ other *(specify)*:
      (4) **Penalties for violating this order: If you violate this order, you may be subject to civil or criminal penalties or both.**

4. ☐ OTHER ORDERS *(specify)*:
   ☐ Additional orders are listed on Attachment 4.

Date:

JUDGE OF THE SUPERIOR COURT

5. **The date of the court hearing is** *(insert date when known)*:

CLERK'S CERTIFICATE

[SEAL]

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
FL-305 [Rev. July 1, 2012]

Family Code, §§ 2045, 6224, 6226, 6302, 6320–6326, 6380–6383
www.courts.ca.gov

SHORT TITLE:	CASE NUMBER

ATTACHMENT *(Number):* _____

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

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

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

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

What is a parenting plan?

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

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

What are legal and physical custody?

A parenting plan usually includes:

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

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

Can we make our own parenting plan?

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

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

What if there is domestic violence or a protective order?

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

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

What if we don't have a parenting plan?

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

What is mediation with family court services?

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

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

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

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

Are there other ways to resolve our dispute?

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

1. **Meet and Confer:** Parents and their attorneys (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parents, then the "meet and confer" can be through attorneys or a mediator in separate sessions.

2. **Settlement Conference:** In some courts, parents may meet with a judge, neutral evaluators, or family law attorneys not involved in the case to discuss settlement. Check with the local court to find out if this is an option. If there is a protective order, the settlement discussion can be through attorneys or a mediator in separate sessions.

3. **Private Mediation:** Parents may hire a private mediator to help them resolve their dispute.

4. **Collaborative Law Process:** Each parent hires a lawyer and agrees to resolve the dispute without going to court. The parents may also hire other experts.

Court Hearing

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

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

Where can I get help?

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

1. Contact family court services.

2. Contact the family law facilitator or self-help center for information, local rules and court forms, and referrals to local legal services providers.

3. Find an attorney through your local bar association, the State Bar of California at *http://calbar.ca.gov*, or the Lawyer Referral Service at 1-866-442-2529.

4. Hire a private mediator for help with your parenting agreement. A mediator may be an attorney or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.

5. Find information on the Online Self-Help Center website at *www.courts.ca.gov/selfhelp*.

6. For free and low-cost legal help (if you qualify), go to *www.lawhelpcalifornia.org*.

7. Find information at your local law library or ask at your public library.

8. Ask for a court hearing and let the judge decide what is best for your child.

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

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

JOINT LEGAL CUSTODY ATTACHMENT

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

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

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

Form Approved for Optional Use
Judicial Council of California
FL-341(E) [Rev. July 1, 2016]

Family Code, §§ 3003, 3025, 3083
www.courts.ca.gov

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

CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

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

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.
   Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

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

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

1. **Holiday parenting** *(continued)*

Other Holidays	**Times (from when to when)** *(Unless noted below, all single-day holidays start at _____ a.m. and end at _____ p.m.)*	**Every Year** *Petitioner/ Respondent/ Other Parent/Party*	**Even Numbered Years** *Petitioner/ Respondent/ Other Parent/Party*	**Odd Numbered Years** *Petitioner/ Respondent/ Other Parent/Party*

☐ Any three-day weekend not specified in item 1 will be spent with the parent or party who would normally have that weekend.
☐ Other *(specify)*:

2. **Vacations**

The ☐ Petitioner ☐ Respondent ☐ Other Parent/Party:

a. May take vacation with the children of up to *(specify number)*: ☐ days ☐ weeks the following number of times per year *(specify)*:

b. Must notify the other parent or party in writing of vacation plans a minimum of *(specify number)*: days in advance and provide the other parent or party with a basic itinerary that includes dates of leaving and returning, destinations, flight information, and telephone numbers for emergency purposes.

(1) ☐ The other parent or party has *(number)*: days to respond if there is a problem with the vacation schedule.

(2) ☐ If the parties cannot agree on the vacation plans (*check all that apply*):

(A) ☐ They must confer to try to resolve any disagreement before filing for a court hearing.

(B) ☐ In even-numbered years, the parties will follow the suggestions of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party for resolving the disagreement.

(C) ☐ In odd-numbered years, the parties will follow the suggestions of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party for resolving the disagreement.

(D) ☐ Other *(specify)*:

c. ☐ This vacation may be outside the state of California.

d. ☐ Any vacation outside ☐ California ☐ the United States requires prior written consent of the other parent or a court order.

e. ☐ Other *(specify)*:

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

REQUEST FOR CHILD ABDUCTION PREVENTION ORDERS

—This is not a court order—

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

1. Your name:
2. **I request orders to prevent child abduction by *(specify):*** ☐ **Petitioner** ☐ **Respondent** ☐ **Other Parent/Party**
3. **I think that he or she might take the children without my permission to *(check all that apply):***
   a. ☐ another county in California *(specify the county):*
   b. ☐ another state *(specify the state):*
   c. ☐ a foreign country *(specify the foreign country):*
      (1) ☐ He or she is a citizen of that country.
      (2) ☐ He or she has family or emotional ties to that country *(explain)*:

4. **I think that he or she might take the children without my permission because he or she *(check all that apply):***
   a. ☐ has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
   Explain:

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

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

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

   e. ☐ has a criminal record. *Explain:*

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

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

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

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

7. ☐ **Do Not Move Without My Permission or Court Order**
I ask for a court order preventing the party from moving with the children without my written permission or a court order.

8. ☐ **No Travel Without My Permission or Court Order**
I ask for a court order preventing the party from traveling with the children outside *(check all that apply)*:
☐ this county ☐ the United States
☐ California ☐ Other *(specify)*:
without my written permission or a court order.

9. ☐ **Notify Other State of Travel Restrictions**
I ask the court to order the party to register this order in the state of _____ and provide the court with proof of the registration before the children can travel to that state for child visitation (parenting time).

10. ☐ **Turn In and Do Not Apply for Passports or Other Vital Documents**
I ask for a court order *(check all that apply)*:
☐ requiring the party to turn in all the children's passports and other documents (such as visas, birth certificates, and other documents used for travel) that are in his or her possession and control.
☐ preventing the party from applying for passports or other documents (such as visas or birth certificates) that can be used to travel with the children.

11. ☐ **Provide Itinerary and Other Travel Documents**
If the party is allowed to travel with the children, I ask the court to order the party to give me before leaving *(specify)*:
☐ the children's travel itinerary.
☐ copies of round-trip airline tickets.
☐ addresses and telephone numbers where the children can be reached at all times.
☐ an open airline ticket for me in case the children are not returned.
☐ other *(specify)*:

12. ☐ **Notify Foreign Embassy or Consulate of Passport Restrictions**
I ask the court to order the party to notify the embassy or consulate of _____ of this order and to provide the court with proof of that notification within _____ calendar days.

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

14. ☐ **Other** *(specify)*:

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

Date:

▶ _____
(SIGNATURE)

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

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

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

1. ☐ **Custody.** Custody of the minor children of the parties is requested as follows:

Child's Name	Date of Birth	Legal Custody to *(person who decides about health, education, etc.)*	Physical Custody to *(person with whom the child lives)*

2. ☐ **Visitation (Parenting Time).**

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

a. ☐ Reasonable right of parenting time (visitation) to the party without physical custody **(not appropriate in cases involving domestic violence).**

b. ☐ See the attached _____ -page document dated *(specify date):*

c. ☐ The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location):*

d. ☐ No visitation (parenting time).

e. ☐ Visitation (parenting time). *(Specify start and ending date and time. If applicable, check "start of" OR "after school.")*

☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** parenting time (visitation) will be as follows:

(1) ☐ **Weekends starting** *(date):*

(Note: The first weekend of the month is the first weekend with a Saturday.)

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of the month

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

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

(a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, which starts *(date):*

(b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

(2) ☐ **Alternate weekends starting** *(date):*

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

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

(3) ☐ **Weekdays starting** *(date):*

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

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

(4) ☐ Other visitation (parenting time) days and restrictions are: ☐ listed in Attachment 2e(4) ☐ as follows:

Form Approved for Optional Use
Judicial Council of California
FL-311 [Rev. July 1, 2016]

Family Code, § 6200 et seq.
www.courts.ca.gov

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

3. ☐ **Supervised visitation (parenting time).**
   a. **If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.**
   b. ☐ The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
   c. I request that *(name):* have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
   d. I request that the visitation (parenting time) be supervised by *(name):*
      who is a ☐ professional ☐ nonprofessional supervisor.
      The supervisor's phone number is *(specify):*
   e. I request that any costs of supervision be paid as follows: petitioner: percent; respondent: percent; other parent/party: percent.

4. ☐ **Transportation for visitation (parenting time) and place of exchange.**
   a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
   b. ☐ Transportation **to** begin the visits will be provided by *(name):*
   c. ☐ Transportation **from** the visits will be provided by *(name):*
   d. ☐ The exchange point at the beginning of the visit will be *(address):*
   e. ☐ The exchange point at the end of the visit will be *(address):*
   f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
   g. ☐ Other *(specify):*

5. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
   a. ☐ the state of California.
   b. ☐ the following counties *(specify):*
   c. ☐ other places *(specify):*

6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.

7. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached ☐ form FL-341(C) ☐ Other *(specify):*

8. ☐ **Additional custody provisions.** I request the additional orders regarding custody set out on the attached ☐ form FL-341(D) ☐ Other *(specify):*

9. ☐ **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached ☐ form FL-341(E) ☐ Other *(specify):*

10. ☐ **Other.** I request the following additional orders *(specify):*

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

ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT

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

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

1. ☐ **Notification of parties' current address.** ☐ Petitioner ☐ Respondent ☐ Other Parent/Party
must notify all parties within *(specify number):* days of any change in his or her
a. address for ☐ residence ☐ mailing ☐ work ☐ e-mail
b. telephone/message number at ☐ home ☐ cell phone ☐ work ☐ the children's schools
The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.

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

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

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

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

6. ☐ **Phone contact between parties and children.**
a. ☐ The children may have telephone access to the parties ☐ and the parties may have telephone access to the children at reasonable times, for reasonable durations.
b. ☐ The custodial parent must make the child available for the following scheduled telephone contact *(specify child's telephone contact with each party):*
c. ☐ No party or any other third party may listen to, monitor, or interfere with the calls.

Form Approved for Optional Use
Judicial Council of California
FL-341(D) [Rev. July 1, 2016]

Family Code, §§ 3003, 3024, 3083
www.courts.ca.gov

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

7. ☐ **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.

8. ☐ **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).

9. ☐ **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.

10. ☐ **Alcohol or substance abuse.** The ☐ petitioner ☐ respondent ☐ other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within *(specify number):* hours before or during periods of time with the children ☐ and may not permit any third party to do so in the presence of the children.

11. ☐ **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.

12. ☐ **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.

13. ☐ **Third-party contact.**
    a. ☐ The children will have no contact with *(specify name):*
    b. ☐ The children must not be left alone in the presence of *(specify name):*

14. ☐ **Children's clothing and belongings.**
    a. ☐ Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
    b. ☐ The children will be returned to the other party with the clothing and other belongings they had when they arrived.

15. ☐ **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.

16. ☐ **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.

17. ☐ **Other *(specify):***

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 TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY: *(This section applies only to family law cases.)*	
GUARDIANSHIP OF *(Name)*: Minor *(This section applies only to guardianship cases.)*	CASE NUMBER:

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number)*: minor children who are subject to this proceeding, as follows:
~~*(Insert the information requested below. The residence information must be given for the last FIVE years.)*~~

a. Child's name	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

b. Child's name ☐ Residence information is the same as given above for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

c. ☐ - Additional residence information for a child listed in item a or b is continued on attachment 3c.

d. ☐ Additional children are listed on form *FL-105(A)/GC-120(A)*. *(Provide all requested information for additional children.)*

Form Adopted for Mandatory Use
Judicial Council of California
FL-105/GC-120 [Rev. January 1, 2009]

Family Code, § 3400 et seq.;
Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

SHORT TITLE:	CASE NUMBER

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

Proceeding	Case number	Court *(name, state, location)*	Court order or judgment *(date)*	Name of each child	Your connection to the case	Case status
a. ☐ Family						
b. ☐ Guardianship						
c. ☐ Other						

Proceeding	Case Number	Court *(name, state, location)*
d. ☐ Juvenile Delinquency/ Juvenile Dependency		
e. ☐ Adoption		

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

Court	County	State	Case number *(if known)*	Orders expire *(date)*
a. ☐ Criminal				
b. ☐ Family				
c. ☐ Juvenile Delinquency/ Juvenile Dependency				
d. ☐ Other				

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

a. Name and address of person	b. Name and address of person	c. Name and address of person
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child	Name of each child	Name of each child

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

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

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

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

CASE NAME:	CASE NUMBER

ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex

Period of residence	Present address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

Form Adopted for Mandatory Use
Judicial Council of California
FL-105(A)/GC-120(A)
[New January 1, 2009]

ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

Family Code, § 3400 et seq.;
Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)	FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

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

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

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

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

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

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

Date:

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2007]

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

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

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

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

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	$	
b. Overtime (gross, before taxes)	$	
c. Commissions or bonuses	$	
d. Public assistance (for example: TANF, SSI, GA/GR) ☐ 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	$	
l. Other (military BAQ, royalty payments, etc.) *(specify):*	$	

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

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

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

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

Number of years in this business *(specify):*

Name of business *(specify):*

Type of business *(specify):*

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

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

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

10. **Deductions**

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

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	$
b. Stocks, bonds, and other assets I could easily sell	$
c. All other property, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

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

12. **The following people live with me:**

Name	Age	How the person is related to me? *(ex: son)*	That person's gross monthly income	Pays some of the household expenses?
a.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ 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. **TOTAL EXPENSES** (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 OF ATTORNEY) ▶ (SIGNATURE OF ATTORNEY)

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

CHILD SUPPORT INFORMATION

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

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

17. **Children's health-care expenses**
    a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
    b. Name of insurance company:
    c. Address of insurance company:

    d. The monthly cost for the children's health insurance is or would be *(specify):* $
    (Do not include the amount your employer pays.)

18. **Additional expenses for the children in this case** — Amount per month
    a. Child care so I can work or get job training. . . . . $ _____
    b. Children's health care not covered by insurance . . . . . $ _____
    c. Travel expenses for visitation . . . . . $ _____
    d. Children's educational or other special needs *(specify below):* . . . . . $ _____

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

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.	$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	$ _____	_____

    (2) Names and ages of those children *(specify):*

    (3) Child support I receive for those children. . . . . $ _____

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

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

FL-155

Your name and address or attorney's name and address: TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
FINANCIAL STATEMENT (SIMPLIFIED)	CASE NUMBER:

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

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
   b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship .....
3. a. The children from this relationship are with me this amount of time ..... %
   b. The children from this relationship are with the other parent this amount of time ..... %
   c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary):*
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is ..... $

Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)

This income comes from the following:

- ☐ Salary/wages: Amount before taxes per month ..... $
- ☐ Retirement: Amount before taxes per month ..... $
- ☐ Unemployment compensation: Amount per month ..... $
- ☐ Workers' compensation: Amount per month ..... $
- ☐ Social security: ☐ SSI ☐ Other Amount per month ..... $
- ☐ Disability: Amount per month ..... $
- ☐ Interest income (from bank accounts or other): Amount per month ..... $

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
   a. ☐ Day care or preschool to allow me to work or go to school ..... $
   b. ☐ Health care not paid for by insurance ..... $
   c. ☐ School, education, tuition, or other special needs of the child ..... $
   d. ☐ Travel expenses for visitation ..... $
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are ..... $
8. I spend the following average monthly amounts *(please attach proof):*
   a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* $
   b. ☐ Required union dues ..... $
   c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) ..... $
   d. ☐ Health insurance costs ..... $
   e. ☐ Child support I am paying for other minor children of mine who are not living with me ..... $
   f. ☐ Spousal support I am paying because of a court order for another relationship ..... $
   g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage ..... $
      If mortgage: interest payments $_____ real property taxes $_____
9. Information concerning ☐ my current employment ☐ my most recent employment:
   Employer:
   Address:
   Telephone number:
   My occupation:
   Date work started:
   Date work stopped *(if applicable):* What was your gross income *(before taxes)* before work stopped?:

Form Approved for Optional Use
Judicial Council of California
FL-155 [Rev. January 1, 2004]

Family Code, § 4065(b)
www.courtinfo.ca.gov

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

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

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

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

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

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

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

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.
Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

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

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

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

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

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

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

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

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

FL-330

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400.17406 *(Name, State Bar number, and address)*	*FOR COURT USE ONLY*
TELEPHONE NO. FAX NO ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF PERSONAL SERVICE	*(If applicable, provide)*: HEARING DATE: HEARING TIME: DEPT.:

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. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Business & Profession Code section 22350(b).
   e. ☐ a California sheriff or marshal.
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)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2012]

PROOF OF PERSONAL SERVICE

Code of Civil Procedure, § 1011
www.courts.ca.gov

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

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

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

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

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

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.
Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

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

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

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

FL-335

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 TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF SERVICE BY MAIL	(If applicable, provide): HEARING DATE: 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)

FL-334

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*	*FOR COURT USE ONLY*
TELEPHONE NO E-MAIL ADDRESS *(Optional)* ATTORNEY FOR *(Name)*: FAX NO *(Optional)*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
DECLARATION REGARDING ADDRESS VERIFICATION—POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER	CASE NUMBER:

1. I am the ☐ attorney for ☐ petitioner ☐ respondent ☐ other parent ☐ other party in this matter.

2. ☐ **The request is to modify a judgment or permanent order only for child support and a local child support agency is providing services in the case.** Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).

3. ☐ **The request is to modify a judgment or permanent orders for child custody, visitation, or child support.**
Note: If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.

   a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current current residence or office address is *(specify)*:

   b. I can confirm that the above address is the other party's **current residence or office address** because *(specify)*:

      (1) ☐ I contacted the other party directly within the past 30 days and he or she gave me the above address.
      (2) ☐ I have been at that address in connection with a custody and visitation or other matter within the past 30 days.
      (3) ☐ It is the new address that the other party provided on *Notice of Change of Address* (form MC-040) or other pleading and filed with the court on *(specify date)*:
      (4) ☐ It is the office address that he or she last gave on a document filed with the court in this case which was also served on me as a party in the case.
      (5) ☐ I sent the other party a letter by mail to the address in (2) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.
      (6) ☐ I confirmed by another method *(specify)*:
      ☐ Continued in Attachment 3b(6).

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

▶

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

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

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

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

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.**

FL-306

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME	
PETITIONER/PLAINTIFF: RESPONDENT/DEPENDANT: OTHER PARENT/PARTY:	
APPLICATION AND ORDER FOR REISSUANCE OF ☐ Request for Order ☐ Temporary Emergency Orders ☐ Other (specify):	CASE NUMBER:

1. Name of Applicant:
2. Applicant requests the court to reissue the:
   a. ☐ Request for Order ☐ Temporary Emergency Orders
   b. ☐ Other (specify):
3. The orders were originally issued on (date):
4. The last hearing date was (date):
5. Number of times the orders have been reissued:
6. Applicant requests reissuance of the orders because:
   a. ☐ Respondent/Defendant ☐ Petitioner/Plaintiff ☐ Person to be restrained ☐ Other parent/party could not be served as required before the hearing date.
   b. ☐ The hearing was continued because the parties were referred to a court mediator or family court services.
   c. ☐ Other (specify):

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

Date:

(TYPE OR PRINT NAME) SIGNATURE

ORDER

7. IT IS ORDERED that the ☐ Request for Order ☐ Temporary Emergency Orders
   ☐ Other (specify):
   and any orders listed are reissued unless this order changes them. The hearing is reset as follows:

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

8. ☐ Other (specify):
9. All orders will end at the end of the hearing scheduled for the date and time shown in the box above unless the court extends the time.

Date:

JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
FL-306 [Rev. January 1, 2014]

APPLICATION AND ORDER FOR REISSUANCE OF REQUEST FOR ORDER AND TEMPORARY EMERGENCY ORDERS (Family Law—Governmental—Uniform Parentage—Custody and Support)

Family Code, § 245
www.courts.ca.gov

FL-320-INFO Information Sheet: Responsive Declaration to Request for Order

(1) If you received a *Request for Order* (form FL-300),

- Carefully read the papers you received to make sure you understand what orders are being requested.
- Note the date, time, and location of the court hearing.
- Check to see if the court ordered a specific date for filing and serving your *Responsive Declaration to Request for Order* (form FL-320).
- If you need more time before the hearing to prepare a responsive declaration or talk with a lawyer, you may ask the court to continue the hearing date. For more information, consult with a lawyer or contact the the Family Law Facilitator or Self-Help Center in your court (see item (16)).

(2) USE *Responsive Declaration to Request for Order* (form FL-320)

Use form FL-320 to let the court and the other party know that you agree or disagree with each of the requests made in the *Request for Order* (form FL-300).

- If you disagree, use form FL-320 to describe the orders you would like the court to make.
- If you do not file and serve form FL-320, the court can still make orders without your input.

(3) DO NOT USE *Responsive Declaration to Request for Order* (form FL-320) to:

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* (form FL-300) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* (form DV-100). Instead, you must use *Response to Request for Domestic Restraining Order* (form DV-120).

(4) Forms checklist

a. Form FL-320, *Responsive Declaration to Request for Order* is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.

b. For 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. For 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.

Notice: • The court will order child support based on the income of the parents.
• Child support normally continues until the child is 18 years and has graduated from high school.
• You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.

d. For spousal or domestic partner support or orders about your finances, you need these forms:
- ☐ FL-150, *Income and Expense Declaration*
- ☐ FL-157, *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)

e. For attorney's fees and costs, you need these forms:
- ☐ FL-150, *Income and Expense Declaration*
- ☐ FL-158, *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)
- ☐ FL-319, *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)

f. If you plan on having witnesses testify at the hearing, you need this form:
- ☐ FL-321, *Witness List*

FL-320-INFO Information Sheet: Responsive Declaration to Request for Order

To respond to a *Request for Order*, you must:

Complete caption of the form

(5) Complete the top portion including your name, address, and telephone number, the court address, the name of all the parties in the case, and the case number. Also, print or type the same hearing date, time, and department that appears on the *Request for Order* (form FL-300).

(6) Specify a response to orders requested

Items 1–9: Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: you may file one form FL-150 to respond to items 3, 4, and 6.*

Item 10: Use the space to explain your responses to items 1–9. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

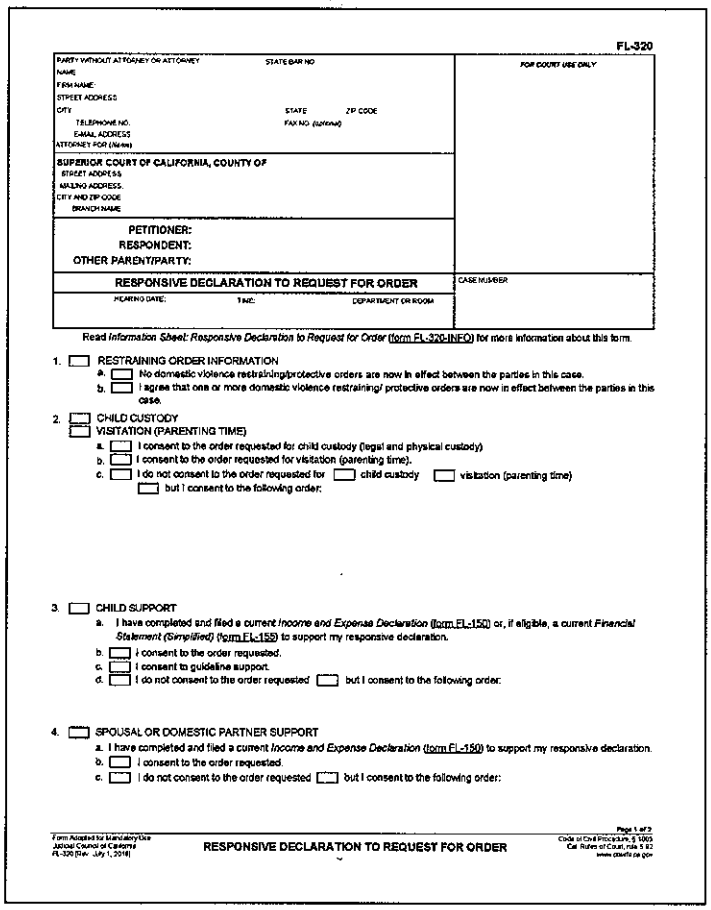
Sign and date: Print your name, sign, and write the date you signed form FL-320.

(7) Next steps: file or serve your paperwork

You must file your paperwork with the court clerk at least 9 court days before the hearing. If the court orders a shorter time to file your papers, file them by the date specified in the order.

Make 2 copies of your original paperwork. Then, do one of the following before the filing deadline:

- Take your paperwork and copies to the court clerk to process (or e-file them, if available in your county). The clerk will keep the original and give you back copies with a court stamp on them. Have a stamped copy served; or
- Have an unstamped copy of your paperwork served *before* you take (or e-file) the originals and copies to the court clerk to file. Be sure the original documents are not served.



FL-320

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: STATE BAR NO: FOR COURT USE ONLY
FIRM NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:
TELEPHONE NO.: FAX NO. (Optional):
EMAIL 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:

RESPONSIVE DECLARATION TO REQUEST FOR ORDER — CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:

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

1. ☐ RESTRAINING ORDER INFORMATION
   a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.
   b. ☐ I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.
2. ☐ CHILD CUSTODY ☐ VISITATION (PARENTING TIME)
   a. ☐ I consent to the order requested for child custody (legal and physical custody)
   b. ☐ I consent to the order requested for visitation (parenting time).
   c. ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time) ☐ but I consent to the following order:
3. ☐ CHILD SUPPORT
   a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-155) to support my responsive declaration.
   b. ☐ I consent to the order requested.
   c. ☐ I consent to guideline support.
   d. ☐ I do not consent to the order requested ☐ but I consent to the following order:
4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT
   a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
   b. ☐ I consent to the order requested.
   c. ☐ I do not consent to the order requested ☐ but I consent to the following order:

Form Adopted for Mandatory Use Judicial Council of California FL-320 [Rev. July 1, 2016] — RESPONSIVE DECLARATION TO REQUEST FOR ORDER — Page 1 of 2 Code of Civil Procedure, § 1005 Cal. Rules of Court, rule 5.92 www.courts.ca.gov

(8) Pay filing fees

Generally, you do not have to pay a fee to file the *Responsive Declaration*. However, if you have never filed any papers in the case, you may have to pay a "first appearance fee," which, in general, everyone has to pay when filing court papers in a case for the first time.

If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file form FW-001, *Request to Waive Court Fees* and form FW-003, *Order on Court Fee Waiver*.

(9) Serve your papers on the other party

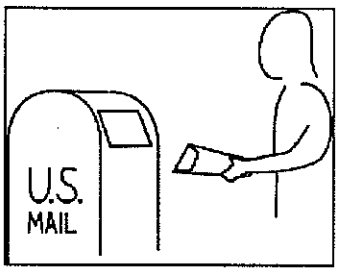
"Service" is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you want the court to make. Note: If a party has a lawyer in the case, the papers should be served on that party's lawyer.

(10) How to "serve"

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 county sheriff, or a professional process server.

Personal service. Your papers may be served by "personal service." "Personal service" means that your "server" walks up to each person to be served, makes sure he or she is the right person, and then gives a copy of all the papers to him or her.

Service by mail. "Service by mail" means that your "server" places copies of all the documents in a sealed envelope and mails them to the address of each party being served (or to the party's lawyer, if he or she has one.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.



(11) Deadline for service

Personal service or service by mail on the other party must be completed at least *9 court days* before the court hearing. If the court has ordered a shorter time to serve your responsive papers, be sure to have them served by the date specified in the court order.

(12) Server must complete a *Proof of Service*

After personal service, the server should complete a form FL-330, *Proof of Personal Service*. Form FL-330-INFO, *Information Sheet for Proof of Personal Service* has instructions to help the person complete the form.

After service by mail, the server should complete form FL-335, *Proof of Service by Mail*. Form FL-335-INFO, *Information Sheet for Proof of Service by Mail* has instructions to help the person complete the form.

(13) File the *Proof of Service* before your hearing date

The *Proof of Service* shows the judge that the person received a copy of your *Responsive Declaration to Request for Order*. Make three copies of the completed *Proof of Service*. Take the original and copies to the court clerk as soon as possible **before your hearing.**

The clerk will keep the original and give you back the copies stamped "Filed." Bring a copy stamped "Filed" to your hearing. (If unstamped copies of your paperwork were served, you can file the completed *Proof of Service* when you file the original *Responsive Declaration*.)

(14) Participate in child custody mediation or child custody recommending counseling

If the *Request for Order* includes a court order for you to attend mediation or child custody recommending counseling, the date, time, and location is found on page 1 of the *Request for Order*. For more information, read *Child Custody Information Sheet* (form FL-313-INFO or form FL-314-INFO).

(15) 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 the hearing at *www.courts.ca.gov/1094.htm.*

(16) Still have questions or need help?

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to *http://www.courts.ca.gov/1083.htm/.*
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at *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 *lawhelpcalifornia.org.*

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: STATE BAR NUMBER:	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 Trinity STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville CA, 96093 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER HEARING DATE: TIME: DEPARTMENT OR ROOM:	CASE NUMBER:

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

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

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

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

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

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

5. ☐ PROPERTY CONTROL
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

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

7. ☐ DOMESTIC VIOLENCE ORDER
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

8. ☐ OTHER ORDERS REQUESTED
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

9. ☐ TIME FOR SERVICE / TIME UNTIL HEARING
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

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

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

Date:

(TYPE OR PRINT NAME)

▶ (SIGNATURE OF DECLARANT)

FL-340

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 TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	
FINDINGS AND ORDER AFTER HEARING	CASE NUMBER:

1. This proceeding was heard
on *(date)*: at *(time)*: in Dept.: Room:
by Judge *(name)*: ☐ Temporary Judge
On the order to show cause, notice of motion or request for order filed *(date)*: by *(name)*:

a. ☐ Petitioner/plaintiff present ☐ Attorney present *(name)*:
b. ☐ Respondent/defendant present ☐ Attorney present *(name)*:
c. ☐ Other party present ☐ Attorney present *(name)*:

THE COURT ORDERS

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

Date:

▶ _____
JUDICIAL OFFICER

Approved as conforming to court order.

▶ _____
SIGNATURE OF ATTORNEY FOR ☐ PETITIONER / PLAINTIFF ☐ RESPONDENT/DEFENDANT ☐ OTHER PARTY

Form Adopted for Mandatory Use
Judicial Council of California
FL-340 [Rev. January 1, 2012]

FINDINGS AND ORDER AFTER HEARING
(Family Law—Custody and Support—Uniform Parentage)

www.courts.ca.gov

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

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

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

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

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

6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Orders Attachment* (form FL-341(B)) must be attached and must be obeyed.)
7. ☐ **Visitation (Parenting Time)**
   a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**
   b. ☐ See the attached _____ -page document
   c. ☐ The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location):*
   d. ☐ No Visitation (Parenting Time)
   e. ☐ Visitation (Parenting Time) for the ☐ petitioner ☐ respondent ☐ other *(name):* will be as follows:
      (1) ☐ **Weekends starting***(date):*
      (Note: The first weekend of the month is the first weekend with a Saturday.)
      ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of the month
      from *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      to *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      (a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, which starts *(date):*
      (b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

THIS IS A COURT ORDER.

Form Approved for Optional Use
Judicial Council of California
FL-341 [Rev. July 1, 2016]

Family Code, §§ 3020, 3022, 3025, 3040–3043, 3048, 3100, 6340, 7604
www.courts.ca.gov

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

7. **Visitation (Parenting Time)** (continued)

e. (2) ☐ **Alternate weekends starting** *(date):*

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

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

(3) ☐ **Weekdays starting** *(date):*

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

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

(4) ☐ **Other visitation (parenting time) days and restrictions are:** ☐ listed in Attachment 7e(4) *(form MC-025 may be used for this purpose)* ☐ as follows:

8. ☐ **Supervised visitation (parenting time).** Until ☐ further order of the court ☐ other *(specify):*
The ☐ petitioner ☐ respondent ☐ other *(name):*
will have supervised visitation (parenting time) with the minor children according to the schedule set forth on page 1.
(You must attach *Supervised Visitation Order* (form FL-341(A)).)

9. ☐ **Transportation for visitation (parenting time)**
   a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
   b. ☐ Transportation **to** begin the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*
   c. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*
   d. ☐ The exchange point at the beginning of the visit will be at *(address):*
   e. ☐ The exchange point at the end of the visit will be at *(address):*
   f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
   g. ☐ Other *(specify):*

10. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other parent/party *(name):*
must have written permission from the other parent or a court order to take the children out of
   a. ☐ the state of California.
   b. ☐ the following counties *(specify):*
   c. ☐ other places *(specify):*

THIS IS A COURT ORDER.

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

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

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

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

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

15. ☐ **Other** *(specify):*

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

FL-341(A)

SUPERVISED VISITATION ORDER

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

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party with the child(ren) be supervised based upon allegations of
   ☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect
   ☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other *(specify)*:
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.

2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. **CHILD(REN) TO BE SUPERVISED**

Child's Name	Birth Date	Age	Sex

4. **TYPE**
   a. ☐ Supervised visitation b. ☐ Supervised exchange only

5. **SUPERVISED VISITATION PROVIDER**
   a. ☐ Professional (individual provider or supervised visitation center) b. ☐ Nonprofessional

6. **AUTHORIZED PROVIDER**

Name	Address	Telephone

   ☐ Any other mutually agreed-upon third party as arranged.

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

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

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

10. **THE COURT FURTHER ORDERS**

Date:

JUDICIAL OFFICER

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

CHILD ABDUCTION PREVENTION ORDER ATTACHMENT

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

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

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

2. ☐ **Supervised visitation (parenting time).** The terms are *(check one):*
   ☐ as specified on attached form FL-341(A) ☐ as follows:

3. ☐ **The party** in item 1 must post a bond for $. The terms of the bond are *(specify):*

4. ☐ **The party in item 1 must not move from the following locations with the children** without permission in writing from the other parent or party or a court order:
   ☐ Current residence ☐ Current school district *(specify):*
   ☐ This county ☐ Other *(specify):*

5. ☐ **The party in item 1 must not travel with the children** out of *(check all that apply):*
   ☐ this county. ☐ the United States.
   ☐ California. ☐ Other *(specify):*

6. ☐ **The party in item 1 must register this order** in the state of *(specify):* before the children can travel to that state for visits.

7. ☐ **The party in item 1 must not apply for a passport or any other vital document**, such as a visa or birth certificate, that can be used for travel.

THIS IS A COURT ORDER.

Form Adopted for Mandatory Use
Judicial Council of California
FL-341(B) [Rev. July 1, 2016]

Family Code, § 3048; 42 U.S.C. § 11601
www.courts.ca.gov

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

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

9. ☐ **The party in item 1 must give the other parent or party the following *before* traveling with the children:**
   - ☐ The children's travel itinerary
   - ☐ Copies of round-trip airline tickets
   - ☐ Addresses and telephone numbers where the children can be reached at all times
   - ☐ An open airline ticket for the other parent in case the children are not returned
   - ☐ Other *(specify):*

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

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

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

13. ☐ **Other orders** *(specify):*

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

NOTICE TO AUTHORITIES IN OTHER STATES AND COUNTRIES

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

Date:

JUDICIAL OFFICER

THIS IS A COURT ORDER.

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

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

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

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

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

a. Each parent's monthly income is as follows:	Gross monthly income	Net monthly income	Receiving TANF/CalWORKS
Petitioner/plaintiff:	$	$	☐
Respondent/defendant:	$	$	☐
Other parent:	$	$	☐

b. Imputation of income. The court finds that the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent has the capacity to earn:

$ per and has based the support order upon this imputed income.

3. ☐ **Children of this relationship**
   a. Number of children who are the subjects of the support order *(specify):*
   b. Approximate percentage of time spent with petitioner/plaintiff: %
      respondent/defendant: %
      other parent: %

4. ☐ **Hardships**

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

	Petitioner/ plaintiff	Respondent/ defendant	Other parent	Approximate ending time for the hardship
a. ☐ Other minor children:	$	$	$	
b. ☐ Extraordinary medical expenses:	$	$	$	
c. ☐ Catastrophic losses:	$	$	$	

THE COURT ORDERS

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

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

Child's name	Date of birth	Monthly amount	Payable to *(name):*

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

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

THE COURT FURTHER ORDERS

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

(1) ☐ Child-care costs related to employment or reasonably necessary job training

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month child-care costs.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month child-care costs.
(c) ☐ Other parent must pay: % of total or ☐ $ per month child-care costs.
(d) ☐ Costs to be paid as follows *(specify):*

c. **Mandatory additional child support**

(2) ☐ Reasonable uninsured health-care costs for the children

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month.
(c) ☐ Other parent must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

d. ☐ **Additional child support**

(1) ☐ Costs related to the educational or other special needs of the children

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month.
(c) ☐ Other parent must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

(2) ☐ Travel expenses for visitation

(a) ☐ Petitioner/plaintiff must pay: % of total or ☐ $ per month.
(b) ☐ Respondent/defendant must pay: % of total or ☐ $ per month.
(c) ☐ Other parent must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

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

Total child support per month: $

7. **Health-care expenses**

a. Health insurance coverage for the minor children of the parties must be maintained by the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent at a reasonable cost at this time.

c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

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

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

10. ☐ **Employment search order (Family Code, § 4505)**
☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent is ordered to seek employment with the following terms and conditions:

THIS IS A COURT ORDER.

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

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

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

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

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

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

SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

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

THE COURT FINDS

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

		Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner:	☐ receiving TANF/CalWORKS	$	$	$	$
b. Respondent:	☐ receiving TANF/CalWORKS	$	$	$	$

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

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

☐ See Attachment 3d.

THE COURT ORDERS

4. ☐ The issue of spousal or partner support for the ☐ petitioner ☐ respondent is reserved for a later determination.

5. ☐ The court terminates jurisdiction over the issue of spousal or partner support for the ☐ petitioner ☐ respondent.

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

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

   b. ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.

   c. ☐ An earnings assignment for the foregoing support will issue. (**Note:** The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)

   d. ☐ Service of the earnings assignment is stayed provided the payor is not more than *(specify number):* _____ days late in the payment of spousal, family, or partner support.

THIS IS A COURT ORDER.

Form Approved for Optional Use
Judicial Council of California
FL-343 [Rev. July 1, 2012]

Family Code, §§ 150, 299, 3651, 3653, 3654, 4320, 4330, 4337
www.courts.ca.gov

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

7. ☐ The ☐ petitioner ☐ respondent should make reasonable efforts to assist in providing for his or her support needs.

8. ☐ The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.

9. ☐ This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

10. ☐ Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.

11. ☐ Other orders (*specify*):

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

THIS IS A COURT ORDER.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

Form Approved for Optional Use
Judicial Council of California
FL-192 [Rev. July 1, 2007]

Family Code, §§ 4062, 4063
www.courtinfo.ca.gov

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay $500 per month in child support. You lose your job. You will continue to owe $500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving $300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive $300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* or FL-683 *Order to Show Cause (Governmental)* and
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is not open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* or FL-300, *Order to Show Cause* and
- FL-310, *Application for Order and Supporting Declaration* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* or FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too. This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to *www.courtinfo.ca.gov/selfhelp/courtcalendars/*.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* and FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* and
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

PETITIONER:	CASE NUMBER
RESPONDENT:	

PROPERTY ORDER ATTACHMENT TO FINDINGS AND ORDER AFTER HEARING

THE COURT ORDERS

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

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

Property	Given to

☐ See Attachment 2.

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

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

☐ See Attachment 3.

4. ☐ These are temporary orders only. The court will make final orders at the time of judgment.

5. ☐ Other *(specify)*:

Form Adopted for Mandatory Use
Judicial Council of California
FL-344 [Rev. January 1, 2007]

Family Code, §§ 2045, 6324
www.courtinfo.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*	*COURT PERSONNEL: STAMP DATE RECEIVED HERE*
TELEPHONE NO. FAX NO. *(Optional)* E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM ☐ Mother ☐ First form completed ☐ Father ☐ Change to previous information	CASE NUMBER:

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

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

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

	Child Support:	Family Support:	Spousal Support:
(1)	☐ Current base child support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current base family support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current spousal support: $ ☐ Reserved order ☐ $0 (zero) order
(2)	☐ Additional monthly support: $	☐ Additional monthly support: $	
(3)	☐ Total past-due support: $	☐ Total past-due support: $	☐ Total past-due support: $
(4)	☐ Payment on past-due support: $	☐ Payment on past-due support: $	☐ Payment on past-due support: $

   (5) Wage withholding was ☐ ordered ☐ ordered but stayed until *(date)*:

2. Person required to pay child or family support *(name)*:
   Relationship to child *(specify)*:
3. Person or agency to receive child or family support payments *(name)*:
   Relationship to child *(if applicable)*:

TYPE OR PRINT IN INK

Form Adopted for Mandatory Use
Judicial Council of California
FL-191 [Rev. July 1, 2005]

Family Code, § 4014
www.courtinfo.ca.gov

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

4. The child support order is for the following children:

Child's name	Date of birth	Social security number
a.		
b.		
c.		

☐ Additional children are listed on a page attached to this document.

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

5. Father's name:

a. Date of birth:
b. Social security number:
c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

a. Date of birth:
b. Social security number:
c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.

   b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."

   c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.

      (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.

      (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay $300 per month, check the box in item 2 underneath the "Child Support" column and enter $300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

(3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was $5000 in past due child support and $1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter $5000 and you would also check the box in item 3 in the "Spousal Support" column and enter $1000.

(4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered $350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter $350.

(5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.

2. a. Write the name of the person who is supposed to pay child or family support.
   b. Write the relationship of that person to the child.

3. a. Write the name of the person or agency supposed to receive child or family support payments.
   b. Write the relationship of that person to the child.

4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

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

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

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

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

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.

6. If you are the mother in this case, list your full name in this space.

   a. List your date of birth.
   b. Write your social security number.
   c. List the street address, city, state, and zip code where you live.
   d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
   e. Write your driver's license number and the state where it was issued.
   f. List the telephone number where you live.
   g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.

7. If there is a restraining order, protective order, or nondisclosure order, check this box.

   a. Check the box beside each person who is protected by the restraining order.
   b. Check the box beside the parent who is restrained.
   c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

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

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

INCOME WITHHOLDING FOR SUPPORT

☐ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
☐ AMENDED IWO
☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
☐ TERMINATION of IWO

Date: _____

☐ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm - forms). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory _____
City/County/Dist./Tribe _____
Private Individual/Entity _____

Remittance Identifier (include w/payment) _____
Order Identifier _____
CSE Agency Case Identifier _____

_____
Employer/Income Withholder's Name

_____
Employer/Income Withholder's Address

_____

_____
Employer/Income Withholder's FEIN

RE: _____
Employee/Obligor's Name (Last, First, Middle)

_____
Employee/Obligor's Social Security Number

_____
Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)' s Birth Date(s)

ORDER INFORMATION: This document is based on the support or withholding order from _____ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$_____ Per _____ current child support
$_____ Per _____ past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐No
$_____ Per _____ current cash medical support
$_____ Per _____ past-due cash medical support
$_____ Per _____ current spousal support
$_____ Per _____ past-due spousal support
$_____ Per _____ other (must specify) _____.

for a **Total Amount to Withhold** of $_____ per _____.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$ _____ per weekly pay period
$ _____ per semimonthly pay period (twice a month)
$ _____ per biweekly pay period (every two weeks)
$ _____ per monthly pay period
$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of_____ . Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____% of disposable income for all orders. If the employee/obligor's principal place of employment is not_____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

Document Tracking Identifier _____

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

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

Remit payment to _____(SDU/Tribal Order Payee)
at _____(SDU/Tribal Payee Address)

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

Signature of Judge/Issuing Official (if required by State or Tribal law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that must issued this order, a copy of this IWO must be provided to the employee/obligor.
☐ If checked, the employer/income withholder must provide a copy of this form to the employer/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at:
http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

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

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

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

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

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

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

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

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

Employer's name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier _____

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

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholder who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

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

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

Additional Information: _____

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

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____
Last known address _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____
New employer's name: _____
New employer's address: _____

CONTACT INFORMATION

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

Send termination notice and other correspondence to: _____ (Issuer address).

To Employer/Obligor: If the employee/obligor has questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

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

INCOME WITHHOLDING FOR SUPPORT - Instructions

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

Please note:

- For the purpose of this IWO form and these instructions, "State" is defined as a State or Territory.

COMPLETED BY SENDER:

1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an original IWO.

1b. **Amended IWO**. Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.

1c. One-Time Order/Notice **For Lump Sum Payment**. Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.

1d. **Termination of IWO.** Check the box to stop income withholding on an IWO. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.

1e. **Date.** Date this form is completed and/or signed.

1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is not completed by a State or Tribal CSE agency, the sender should contact the CSE agency (see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

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

- IWO instructs the employer/income withholder to send a payment to an entity other than a State Disbursement Unit (e.g., payable to the custodial party, court, or attorney). Each State is required to operate a State Disbursement Unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a Court, Attorney, or Private Individual/Entity and the initial child support order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO (effective May 31, 2012).
- A copy of the underlying order is required and not included.

If you receive this document from an Attorney or Private Individual/Entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

COMPLETED BY SENDER:

1g. **State/Tribe/Territory.** Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1i.

1h. **Remittance Identifier (include w/payment).** Identifier that employers must include when sending payments for this IWO. The remittance identifier is entered as the case identifier on the Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

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

COMPLETED BY SENDER:

1i. **City/County/Dist./Tribe**. Name of the city, county or district sending this form. This must be a governmental entity of the State or the name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (A Tribe should leave this field blank unless submitting this form on behalf of another Tribe.)

1j. **Order Identifier.** Unique identifier that is associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.

1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D Tribal CSE organization sending this form.

1l. **CSE Agency Case Identifier.** Unique identifier assigned to a State or Tribal CSE case. In a State CSE case, this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR identifier or other applicable identifier.

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

2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.

2b. **Employer/Income Withholder's Address**. Employer/income withholder's mailing address including street/PO box, city, state and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agencies – Addresses for Income Withholding Purposes at http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw_fedcontacts.htm

2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (FEIN) (if available).

3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.

3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.

3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name.

3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Additional Information).

3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.

3f. **Blank box.** Space for court stamps, bar codes, or other information.

ORDER INFORMATION - Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

Payments are forwarded to the SDU within each State, unless the order was issued by a Tribal CSE agency. If the order was issued by a Tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

COMPLETED BY SENDER:

4. **State/Tribe.** Name of the State or Tribe that issued the order.

5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.

6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.

6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.

7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.

8a-b. **Past-due Cash Medical Support**. Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.

9a-b. **Current Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.

10a-b. **Past-due Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.

11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order. **Must specify**. Description of the obligation.

12a-b. **Total Amount to Withhold.** The total amount of the deductions per the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

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

13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.

13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.

13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.

13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.

14. **Lump Sum Payment.** Dollar amount to be withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

REMITTANCE INFORMATION

15. **State/Tribe**. Name of the State or Tribe sending this document.

16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.

17. **Date.** Effective date of this IWO.

18. **Working Days**. Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.

19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

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

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

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

COMPLETED BY SENDER:

20. **State/Tribe.** Name of the State or Tribe sending this document.

21. **Document Tracking Identifier.** Optional unique identifier for this form assigned by the sender.

22. **FIPS Code.** Federal Information Processing Standards (FIPS) code.

23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

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

COMPLETED BY SENDER:

26. **Signature of Judge/Issuing Official.** Signature (if required by State or Tribal law) of the official authorizing this IWO.

27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.

28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.

29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.

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30. **Copy of IWO checkbox.** If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

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

COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Additional Information.** Any additional information, e.g., fees the employer/income withholder may charge the obligor for income withholding or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS

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

Please Note: Employer's Name, FEIN, Employee/Obligor's Name, CSE Agency Case Identifier, and Order Identifier must appear in the header on the page with the Notification of Employment Termination or Income Status.

34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.

35. **Termination Date.** If applicable, date employee/obligor was terminated.

36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.

37. **Last Known Address.** Last known home/mailing address of the employee/obligor.

38. **Final Payment Date.** Date employer sent final payment to SDU/Tribal payee.

39. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal payee.

40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).

41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

COMPLETED BY SENDER:

CONTACT INFORMATION

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.

43. **Issuer Phone Number.** Phone number of the contact person.

44. **Issuer Fax Number.** Fax number of the contact person.

45. **Issuer Email/Website.** Email or website of the contact person.

46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.

47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.

48. **Issuer Phone Number.** Phone number of the contact person.

49. **Issuer Fax Number.** Fax number of the contact person.

50. **Issuer Email/Website.** Email or website of the contact person.

The Paperwork Reduction Act of 1995
This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

FL-435

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 TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT ☐ **Modification**	CASE NUMBER:

TO THE PAYOR: This is a court order. You must withhold a portion of the earnings of *(specify obligor's name and birthdate):*

and pay as directed below. *(An explanation of this order is printed on page 2 of this form.)*

THE COURT ORDERS

1. You must pay part of the earnings of the employee or other person who has been ordered to pay support, as follows:
   a. ☐ $ per month current **spousal or partner support**
   b. ☐ $ per month **spousal or partner support arrearages**
   c. **Total deductions per month:** $
2. ☐ The payments ordered under item 1a must be paid to *(name, address):*
3. ☐ The payments ordered under item 1b must be paid to *(name, address):*
4. The payments ordered under item 1 must continue until further written notice from the payee or the court.
5. ☐ This order modifies an existing order. **The amount you must withhold may have changed.** The existing order continues in effect until this modification is effective.
6. This order affects all earnings that are payable beginning as soon as possible but not later than 10 days after you receive it.
7. You must give the obligor a copy of this order and the blank *Request for Hearing Regarding Earnings Assignment* (form FL-450) within 10 days.
8. ☐ Other *(specify):*
9. For the purposes of this order, spousal or partner support arrearages are set at: $ as of *(date):*

Date:

JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
FL-435 [Rev. January 1, 2005]

EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT
(Family Law)

Family Code, §§ 299(d), 5208;
Code of Civil Procedure, § 706.031;
15 U.S.C. §§ 1672–1673
www.courtinfo.ca.gov

INSTRUCTIONS FOR EARNINGS ASSIGNMENT ORDER

1. DEFINITION OF IMPORTANT WORDS IN THE EARNINGS ASSIGNMENT ORDER

   a. **Earnings:**
      (1) Wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer;
      (2) Payments for services of independent contractors;
      (3) Dividends, interest, rents, royalties, and residuals;
      (4) Patent rights and mineral or other natural resource rights;
      (5) Any payments due as a result of written or oral contracts for services or sales, regardless of title;
      (6) Payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and
      (7) Any other payments or credits due, regardless of source.

   b. **Earnings assignment order:** a court order issued in every court case in which one person is ordered to pay for the support of another person. This order has priority over any other orders such as garnishments or earnings withholding orders.
      Earnings should not be withheld for any other order until the amounts necessary to satisfy this order have been withheld in full. However, an *Order/Notice to Withhold Income for Child Support* for child support or family support has priority over this order for spousal or partner support.

   c. **Obligor:** any person ordered by a court to pay support. The obligor is named before item 1 in the order.

   d. **Obligee:** the person or governmental agency to whom the support is to be paid.

   e. **Payor:** the person or entity, including an employer, that pays earnings to an obligor.

2. INFORMATION FOR ALL PAYORS. Withhold money from the earnings payable to the obligor as soon as possible but no later than 10 days after you receive the *Earnings Assignment Order for Spousal or Partner Support.* Send the withheld money to the payee(s) named in items 2 and 3 of the order within 10 days of the pay date. You may deduct $1 from the obligor's earnings for each payment you make.
   When sending the withheld earnings to the payee, state the date on which the earnings were withheld. You may combine amounts withheld for two or more obligors in a single payment to each payee, and identify what portion of that payment is for each obligor.
   You will be liable for any amount you fail to withhold and can be cited for contempt of court.

3. SPECIAL INSTRUCTIONS FOR PAYORS WHO ARE EMPLOYERS

   a. State and federal laws limit the amount you can withhold and pay as directed by this order. This limitation applies only to earnings defined above in item 1a(1) and are usually half the obligor's disposable earnings.
      Disposable earnings are different from gross pay or take-home pay. Disposable earnings are earnings left after subtracting the money that state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) social security, (3) state income tax, (4) state disability insurance, and (5) payments to public employees' retirement systems.
      After the obligor's disposable earnings are known, withhold the amount required by the order, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.
      If the obligor has more than one assignment for support, add together the amounts of support due for all the assignments. If 50 percent of the obligor's net disposable earnings will not pay in full all of the assignments for support, prorate it first among all of the current support assignments in the same proportion that each assignment bears to the total current support owed. Apply any remainder to the assignments for arrearage support in the same proportion that each assignment bears to the total arrearage owed. If you have any questions, please contact the office or person who sent this form to you. This office or person's name appears in the upper left-hand corner of the order.

   b. If the employee's pay period differs from the period specified in the order, prorate the amount ordered withheld so that part of it is withheld from each of the obligor's paychecks.

   c. If the obligor stops working for you, notify the office that sent you this form of that, no later than the date of the next payment, by first-class mail. Give the obligor's last known address and, if known, the name and address of any new employer.

   d. California law prohibits you from firing, refusing to hire, or taking any disciplinary action against any employee ordered to pay support through an earnings assignment. Such action can lead to a $500 civil penalty per employee.

4. INFORMATION FOR ALL OBLIGORS. You should have received a *Request for Hearing Regarding Earnings Assignment* (form FL-450) with this *Earnings Assignment Order for Spousal or Partner Support.* If not, you may get one from either the court clerk or the family law facilitator. If you want the court to stop or modify your earnings assignment, you must file (by hand delivery or mail) an original copy of the form with the court clerk within 10 days of the date you received this order. Keep a copy of the form for your records.
   If you think your support order is wrong, you can ask for a modification of the order or, in some cases, you can have the order set aside and have a new order issued. You can talk to an attorney or get information from the family law facilitator about this.

5. SPECIAL INFORMATION FOR THE OBLIGOR WHO IS AN EMPLOYEE. State law requires you to notify the payees named in items 2 and 3 of the order if you change your employment. You must provide the name and address of your new employer.

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 TRINITY STREET ADDRESS 11 Court Street MAILING ADDRESS PO Box 1258 CITY AND ZIP CODE Weaverville, CA 96093 BRANCH NAME	
PETITIONER: RESPONDENT: OTHER:	
STIPULATION AND ORDER FOR CUSTODY AND/OR VISITATION OF CHILDREN ☐ MODIFICATION	CASE NUMBER:

The parties signing this stipulation agree that:

1. This court has jurisdiction over the minor children because California is the children's home state.
2. The habitual residence of the children is the United States of America.
3. **The parties acknowledge they were advised that any violation of this order may result in civil or criminal penalties, or both.**
4. a. The parties stipulate that the attached document, dated *(specify):* and consisting of *(number):* pages is their custody and visitation agreement and request that it be made an order of the court, or

   b. The parties stipulate that the attached forms

   ☐ FL-341 ☐ FL-341(A) ☐ FL-341(B) ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E)

   are their agreement regarding custody and/or visitation of their children and request that they be made an order of the court.

Each party declares 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 PETITIONER)
Date:	▶
(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)
Date:	▶
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR PETITIONER)
Date:	▶
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)
Date:	▶
(TYPE OR PRINT NAME)	(SIGNATURE OF OTHER)
	▶
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR OTHER)

FINDINGS AND ORDER

THE COURT FINDS:

1. This court has jurisdiction over the minor children because California is the children's home state.
2. The habitual residence of the children is the United States of America.
3. Both parties have been advised that any violation of this order may result in civil or criminal penalties, or both.

THE COURT ORDERS:

1. The agreement of the parties regarding custody and visitation ☐ as set forth in the attached document dated *(specify):* and consisting of *(number):* pages or ☐ set forth in the attached forms:

   ☐ FL-341 ☐ FL-341(A) ☐ FL-341(B) ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E)

   is adopted as the order of the court and fully incorporated by reference herein.

Date:

JUDICIAL OFFICER

Form Approved for Optional Use
Judicial Council of California
FL-355 [New January 1, 2004]

www.courtinfo.ca.gov

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 TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER	CASE NUMBER:

1. a. ☐ Mother's net monthly disposable income: $
   Father's net monthly disposable income: $
   -OR-
   b. ☐ A printout of a computer calculation of the parents' financial circumstances is attached.
2. ☐ Percentage of time each parent has primary responsibility for the children: Mother: % Father: %
3. a. ☐ A hardship is being experienced by the mother $ per month because of *(specify):*

   The hardship will last until *(date):*
   b. ☐ A hardship is being experienced by the father $ per month because of *(specify):*

   The hardship will last until *(date):*
4. The amount of child support payable by *(name):* , referred to as "the parent ordered to pay support," as calculated under the guideline is: $ per month.
5. ☐ We agree to guideline support.
6. ☐ The guideline amount should be rebutted because of the following:
   a. ☐ We agree to child support in the amount of $ per month; the agreement is in the best interest of the children; the needs of the children will be adequately met by the agreed amount; and application of the guideline would be unjust or inappropriate in this case.
   b. ☐ Other rebutting factors *(specify):*
7. The parent ordered to pay support must pay child support as follows beginning *(date):*
   a. BASIC CHILD SUPPORT

Child's name	Monthly amount	Payable to *(name):*

   Total: $ payable ☐ on the first of the month ☐ other *(specify):*
   b. ☐ In addition, the parent ordered to pay support must pay the following:
   (1) ☐ $ per month for child care costs to *(name):* on *(date):*
   (2) ☐ $ per month for health-care costs not deducted from gross income to *(name):* on *(date):*
   (3) ☐ $ per month for special educational or other needs of the children to *(name):* on *(date):*
   (4) ☐ other *(specify):*

c. **Total monthly child support** payable by the parent ordered to pay support will be: $
payable ☐ on the first of the month ☐ other *(specify):*

Form Adopted for Mandatory Use
Judicial Council of California
FL-350 [Rev. July 1, 2010]

Family Code, § 4065
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER

8. a. Health insurance will be maintained by *(specify name):*
   The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
   b. ☐ A health insurance coverage assignment will issue if health insurance is available through employment or other group plan or otherwise is available at reasonable cost. Both parents are ordered to cooperate in the presentation, collection, and reimbursement of any medical claims.
   c. Any health expenses not paid by insurance will be shared: Mother: % Father: %
9. a. An earnings assignment order is issued.
   b. ☐ We agree that service of the earnings assignment be stayed because we have made the following alternative arrangements to ensure payment *(specify):*

10. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount in arrears nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
11. ☐ Travel expenses for visitation will be shared: Mother: % Father: %
12. ☐ We agree that we will promptly inform each other of any change of residence or employment, including the employer's name, address, and telephone number.
13. ☐ Other *(specify):*

14. We agree that we are fully informed of our rights under the California child support guidelines.
15. We make this agreement freely without coercion or duress.
16. The right to support
    a. ☐ has not been assigned to any county, and no application for public assistance is pending.
    b. ☐ has been assigned or an application for public assistance is pending in *(county name):*
    If you checked b., an attorney for the local child support agency must sign below, joining in this agreement.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Notice: If the amount agreed to is less than the guideline amount, no change of circumstances need be shown to obtain a change in the support order to a higher amount. If the order is above the guideline, a change of circumstances will be required to modify this order. This form must be signed by the court to be effective.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY FOR PETITIONER)

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY FOR RESPONDENT)

THE COURT ORDERS

17. a. ☐ The guideline child support amount in item 4 is rebutted by the factors stated in item 6.
    b. Items 7 through 13 are ordered. All child support payments must continue until further order of the court, or until the child marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child who has attained the age of 18 years, is a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attains the age of 19 years, whichever first occurs. Except as modified by this stipulation, all provisions of any previous orders made in this action will remain in effect.

Date:

JUDGE OF THE SUPERIOR COURT

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year. This can be a large added amount.