

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

Forms are available online at: www.courts.ca.gov

GENERAL INFORMATION

The purpose of a *Responsive Declaration to Request for Order (FL-320)* is to provide you an opportunity to respond to a Request for Order filed in your family law case. A *Response* allows you to tell the court if you agree or disagree with the request made by the other party. If the Request for Order is for custody or visitation, you will need to complete the Mediation Orientation program on the court's website, and attend mediation with the other parent, before the judge can make orders.

You will need the following:

- **FL-320** *Responsive Declaration to Request for Order*
- **FL-105** *Declaration Under UCCJEA*
- **FL-335** *Proof of Service by Mail*

LEGAL TERMS OF CUSTODY DEFINED

Physical Custody: Who the child primarily lives with

Legal Custody: Who makes the decisions about the child's health, education, and welfare

Sole Physical Custody: The child resides with one parent, subject to the power of the court to order visitation with the other parent

Sole Legal Custody: One parent shall have the right to make decisions about the child's health, education, and welfare

Joint Physical Custody: Each parent has periods of physical custody. It does not have to be equal time

Joint Legal Custody: Both parents share in making the decisions

FILING AND SERVING INSTRUCTIONS

There will be a filing fee if you have not paid your first appearance fee, unless you have been granted a fee waiver in this case. If you need a fee waiver, they are available online or at the Self-Help Center.

All original completed forms need to be copied 2 times and filed with the Court. Both copies will be "Endorsed Filed." One filed copy of each form is for you and the other filed copy of each form is for the other party. Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18 YEARS OLD** serve the other party with the documents above. They can be mailed to the other party's address on file with the court. Have the server complete the *Proof of Service by Mail (FL-335)* and then file it with the Court.

REVISED 1/1/2025

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER

FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER

530-822-3305

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR STREET ADDRESS CITY: YOUR CITY, STATE, and ZIP CODE TELEPHONE NO.: TELEPHONE # EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:		
PETITIONER: RESPONDENT: FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH OTHER PARENT/PARTY:		
RESPONSIVE DECLARATION TO REQUEST FOR ORDER		CASE NUMBER: COURT 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

CHECK THE APPROPRIATE BOX

- No domestic violence restraining/protective orders are now in effect between the parties in this case.
- 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:

CHECK WHICH TYPE OF ORDERS THE OTHER PARTY ASKED FOR, THEN CHECK WHETHER YOU "AGREE" OR "DO NOT AGREE" WITH WHAT THEY REQUESTED. IF YOU DO NOT AGREE, TELL THE COURT WHAT YOU WANT.

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:	FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH	CASE NUMBER:	COURT CASE NUMBER
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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:

**CHECK WHICH TYPE OF ORDERS THE OTHER PARTY
 ASKED FOR, THEN CHECK WHETHER YOU "AGREE" OR
 "DO NOT AGREE" WITH WHAT THEY REQUESTED. IF YOU
 DO NOT AGREE, TELL THE COURT WHAT YOU WANT.**

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. 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:

8. 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:

9. **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.](#)

**EXPLAIN TO THE COURT WHY THE REQUESTS OF
 THE OTHER PARTY SHOULD NOT BE GRANTED.
 EXPLAIN WHY YOU WANT WHAT YOU ASKED FOR.
 IF YOU NEED ADDITIONAL SPACE, YOU MAY USE
 AN ATTACHMENT.**

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: DATE

PRINT YOUR NAME

▶ **SIGN YOUR NAME**

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: YOUR NAME FIRM NAME: YOUR STREET ADDRESS STREET ADDRESS: CITY: YOUR CITY, STATE, and ZIP CODE TELEPHONE NO.: TELEPHONE # EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:		
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):		CASE NUMBER: COURT CASE NUMBER
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the NUMBER OF CHILDREN IN THIS CASE agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): ▼ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a. OLDEST CHILD'S NAME	CHILD'S BIRTHDATE	CITY AND STATE WHERE CHILD WAS BORN
b. NEXT CHILD (IF MORE THAN ONE)	CHILD'S BIRTHDATE	CITY AND STATE WHERE CHILD WAS BORN
c. NEXT CHILD (IF MORE THAN TWO)	CHILD'S BIRTHDATE	CITY AND STATE WHERE CHILD WAS BORN
d. NEXT CHILD (IF MORE THAN THREE)	CHILD'S BIRTHDATE	CITY AND STATE WHERE CHILD WAS BORN

Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years.

(Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present	CHILD'S CURRENT ADDRESS	NAME & ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	DATES SHOULD BE IN ORDER SO THERE ARE NO GAPS	PREVIOUS ADDRESSES FOR THE CHILD FOR 5 YEARS	NAME & ADDRESS OF PERSON CHILD LIVED WITH FOR PREVIOUS 5 YEARS
From:	To:			
From:	To:			
From:	To:			

Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form [FL-105\(A\)/GC-120\(A\)](#) and list each other child's current address and their residence history for the past five years.)

CASE NAME: LAST NAME VS. LAST NAME	CASE NUMBER: COURT CASE NUMBER
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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 or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

ANSWER QUESTION #4. TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF YES, COMPLETE THE INFORMATION IN THIS SECTION.

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

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

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

TELL THE COURT IF THERE ARE ANY DOMESTIC VIOLENCE RESTRAINING ORDERS NOW IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION.

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

a. Name and address of person: _____	Name and address of person: _____	c. Name and address of person: _____
<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold; margin: 0 auto; width: 80%;">ANSWER QUESTION #6. TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.</div>		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: _____	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: _____	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: _____

7. Number of pages attached: _____

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

Date: **DATE**

PRINT YOUR NAME

(NAME OF DECLARANT)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP CODE </div> TELEPHONE NO.: TELEPHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): <div style="border: 1px solid red; padding: 2px; margin: 5px 0;">WRITE "IN PRO PER"</div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, ZIP CODE BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARENT/PARTY:	CASE NUMBER: COURT CASE NUMBER <i>(if applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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

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

SERVER'S NAME
 SERVER'S STREET ADDRESS
 SERVER'S CITY, STATE, and ZIP CODE

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

WRITE IN THE NAME(S) AND FORM NUMBER(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY.

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.

CHECK THIS BOX

4. The envelope was addressed and mailed as follows:

- a. Name of person served: OTHER PARTY'S NAME
- b. Address: OTHER PARTY'S STREET ADDRESS, CITY, STATE, ZIP CODE
- c. Date mailed: DATE THE DOCUMENTS WERE PLACED IN THE MAIL
- d. Place of mailing (city and state): CITY AND STATE WHERE THEY WERE MAILED

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: DATE PRINT SERVERS NAME

SERVER SIGNS THEIR NAME

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)