

REQUEST FOR ORDER: CUSTODY & VISITATION WITH TEMPORARY ORDERS

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

If your child is at **imminent risk of serious harm**, you can request that the Court make temporary orders. You can make this request 2 different ways based on your situation and the level of the emergency.

Ex Parte Hearing: If you feel that your situation warrants an emergency hearing, you can schedule an **Ex Parte Hearing** which will put you in front of the Judge in approximately 28-48 hours depending on when you schedule the hearing and can notify the other party.

Request for Order with Temporary Orders: If you believe that your child is at risk, but does not rise to the level of an Ex Parte Hearing, you can file a **Request for Order with Temporary Orders** and the Judge's decision will be based on the ***Facts in Support*** that you have included in your request.

If the Court grants your request for temporary orders at the Ex-parte Hearing or in your Request for Order, these orders will remain in effect until your next court date in approximately 3-4 weeks. If the Court denies your request for temporary orders, you will still have a court date in approximately 3-4 weeks. At this court date, the Court can terminate the temporary orders (if they were granted), make the temporary orders into long term orders, and/or make additional orders that the Court sees fit.

EX PARTE HEARING

In order to request an Ex Parte Hearing, the following procedures are required:

1. To schedule the Hearing, call the Civil Division at (530) 822-3304 or go to the civil filing counter and request an Ex Parte Hearing.
2. Notify the other party. You **MUST** give notice to the other party **no later than 10:00a.m. the day BEFORE your hearing** about the **Date, Time, location, department, and reason for the hearing** (i.e. We have court on 1/15/25 at 1:30 pm at the Sutter Superior Court in Courtroom 2 for an Ex-Parte hearing for temporary orders regarding modification of custody and visitation.). Make sure you write down everything you said, exactly as you said it, and the date and exact time you gave this notice. You will need to provide this information to the Court. You can use Sutter County's optional form, ***Declaration Re: Notice of Ex Parte Application for Order***, CV-02, to meet this notice requirement.
3. It is necessary for you to complete the forms (See *Forms for Requesting Temporary Orders* below) and submit to the Court no later than 1 HOUR prior to the Ex-Parte Hearing.

REVISED 1/1/2025

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER
FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER
530-822-3305

REQUEST FOR ORDER WITH TEMPORARY ORDERS
(NO EX PARTE HEARING)

If you **do not** have an Ex-Parte hearing but are requesting temporary orders, you can notify the other party just before filing your request. Make sure you write down everything you said, exactly as you said it, and the date and exact time you gave this notice. This information is required. You may use Sutter County's optional form, ***Declaration Re: Notice of Ex Parte Application for Order***, CV-02, to complete this notice requirement. If you are unable to reach the other party but make a diligent effort to do so, provide this information on your ***Declaration***. Tell the court the effort you made including the dates and times of your attempts. If there is some other reason as to why you cannot or will not attempt to notice to the other party, tell the court why on your ***Declaration***.

FORMS FOR REQUESTING TEMPORARY ORDERS
(WITH OR WITHOUT AN EX-PARTE HEARING)

*You will need a copy of your current custody and visitation order to complete the forms, if you have one.

Complete the following forms for requesting temporary orders and submit with copies to the court.

- **FL-300** *Request for Orders*
- **FL-311** *Child Custody and Visitation Application Attachment*
- **FL-305** *Temporary Emergency Court Orders*
- **CV-02** Declaration Re: Notice of Ex Parte Application for Order (optional local form)
- **FL-105** *Declaration Under UCCJEA*
- **FL-330** *Proof of Personal Service*
- A Waiver of Court Fees (FW-001 and FW-003) OR pay the filing fee.

You will also need these BLANK forms to serve on the Other Party:

- **FL-320** *Blank Responsive Declaration* (Do not fill this out. It is for the Other Party.)
- **FL-105** *Blank Declaration Under UCCJEA* (Do not fill this out. It is for the Other Party.)

The following are **optional** forms that are available online or at the Self-Help Center:

- FL-341(C) *Children's Holiday Schedule Attachment* (Optional Attachment)
- FL-341(D) *Additional Provisions-Physical Custody Attachment* (Optional Attachment)
- FL-341(E) *Joint Legal Custody Attachment* (Optional Attachment)

LEGAL TERMS OF CUSTODY DEFINED

Physical Custody: Who the child primarily lives with

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

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

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

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

Joint Legal Custody: Both parents share in making the decisions

FILING FEE

There is a filing fee for a Request for Order and an **additional fee** for an Ex Parte Hearing. However, you can apply for a fee waiver to ask the Court to waive the fees.

ORIGINALS, COPIES & SERVING THE OTHER PARTIES

The following forms should be copied 2 times. However, if the Department of Child Support Services (DCSS) is involved in the case, you will need to have the documents copied 3 times. All of the originals and the copies of the documents below will need to be filed with the Court.

- FL-300 *Request for Order* (Including FL-311 and optional attachments)
- FL-305 *Temporary Emergency Court Orders*
- FL-105 *Declaration Under UCCJEA*

Once the Court has considered temporary orders in the Request for Order or at the Ex-Parte Hearing, you can pick up your Endorsed Filed documents from the Civil division after they have been processed and signed by the Judge. You will need to have ALL of documents including the blank *Responsive Declaration (FL-320)*, **personally served** on the other party by someone other than yourself and over the age of 18. The server will need to complete a **FL-330 Proof of Personal Service**. Your Proof of Service must be filed with the court. It is your responsibility to make sure the Proof of Service is filed with the Court prior to your hearing. If you fail to file the Proof of Service, the Court could drop or dismiss your Request for Order/Hearing. You will need a proof of service for EACH party served.

FILE THE PROOFS OF SERVICE

After you have the other parties served, it is your responsibility to make sure the **Proofs of Service** are filed with the Court. If you fail to file the Proofs of Service, the Court could drop or dismiss your Request for Order/Hearing.

MEDIATION IN SUTTER COUNTY

When you request a hearing date from the court regarding the issues of child custody and/or visitation, you are ordered by the Court to attend mediation.

Mediation is the confidential process whereby the parents meet with a trained mediator to work out an agreement as to custody/visitation/parenting plan issues, and all California courts require it in cases where a hearing on those issues has been set. If the parents can agree about a parenting plan, the mediator will write up the agreement and it will be submitted to the Court to make it a Court order.

In Sutter County, mediation is broken into two steps. Each parent must complete the online “Mediation Orientation.” If you have already completed Mediation Orientation in the last twelve months, this requirement can be waived. The purpose of Mediation Orientation is to explain mediation and prepare each parent for the mediation process so that they will know what to expect and what is expected of them.

Please refer to the **Referral to Family Court Services** that will be issued when you file your paperwork for more information regarding Mediation Orientation and scheduling appointments.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR STREET ADDRESS CITY: YOUR CITY, STATE, 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, ZIP CODE BRANCH NAME:	
PETITIONER: _____ RESPONDENT: _____ OTHER PARENT/PARTY: _____ <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 5px;"> CHECK THIS BOX IF CHANGING AN EXISTING ORDER </div>	
<div style="border: 1px solid red; padding: 2px; display: inline-block; margin-bottom: 5px;"> FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS </div> REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify): _____ <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 5px;"> CHECK THE BOX(ES) THAT APPLY TO THE ORDER YOU ARE REQUESTING OR CHANGING </div>	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px;"> COURT CASE NUMBER </div>

Note: Read form [FL-300-INFO](#) for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form [FL-300-INFO](#) and form [DV-300-INFO](#).

NOTICE OF HEARING

1. TO (name(s)): OTHER PARTY'S NAME. CHECK THE CORRESPONDING BOX BELOW.

Petitioner Respondent Other Parent/Party Other (specify): _____

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
b. Address of court <input checked="" type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____			

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

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): _____

DO NOT COMPLETE THIS SECTION UNLESS YOU ARE REQUESTING TEMPORARY ORDERS

Date: _____

JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; text-align: center;"> COURT CASE NUMBER </div>
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REQUEST FOR ORDER

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

1. **RESTRAINING ORDER INFORMATION**

One or more domestic violence restraining/protective orders are now in effect between (specify):

Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

a. Criminal: County/state (specify): Case No. (if known):

b. Family: County/state (specify): Case No. (if known):

c. Juvenile: County/state (specify): Case No. (if known):

d. Other: County/state (specify): Case No. (if known):

IF THERE ARE RESTRAINING ORDERS IN EFFECT, COMPLETE THIS SECTION.

2. **CHILD CUSTODY**

CHECK THIS BOX IF YOU ARE ASKING TO CHANGE 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):

CHILD'S NAME AND DATE OF BIRTH (OLDEST CHILD FIRST)

IF YOU ARE ASKING FOR CUSTODY ORDERS CHECK THE BOXES AND WRITE IN THE NAME(S) OF WHOM YOU WANT TO HAVE LEGAL CUSTODY AND PHYSICAL CUSTODY.

IF CUSTODY

b. The orders I request for child custody visitation (parenting time) are: [Attachment 2a.](#)

(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.](#)

ALSO, CHECK ALL THAT APPLY FOR THE OPTIONAL FORMS THAT YOU USE

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

[Attachment 2c.](#)

WRITE "SEE ATTACHMENT" AND CHECK THE BOX

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;"> COURT CASE NUMBER </div>
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2. d. This is a change from the current order for child custody visitation (parenting time).

IF YOU ARE ASKING TO CHANGE EXISTING ORDERS, CHECK THE APPROPRIATE BOXES.

(1) The order for legal or physical custody was filed on (date): _____ . The court ordered (specify): _____

IF YOU ARE CHANGING AN EXISTING CUSTODY ORDER, CHECK THIS BOX. WRITE IN THE DATE YOUR EXISTING ORDER WAS FILED ON. GIVE A BRIEF DESCRIPTION OF WHAT YOUR CUSTODY ORDER IS.

(2) The visitation (parenting time) order was filed on (date): _____ . The court ordered (specify): _____

IF YOU ARE CHANGING AN EXISTING VISITATION ORDER, CHECK THIS BOX. WRITE IN THE DATE YOUR EXISTING ORDER WAS FILED ON. GIVE A BRIEF DESCRIPTION OF WHAT YOUR CUSTODY ORDER IS.

3. CHILD SUPPORT [Attachment 2d.](#)
 (Note: An earnings assignment may be issued. See *Income Withholding for Support* (form [FL-195](#)))

a. I request that the court order child support as follows:
Child's name and age I request support for each child Monthly amount (\$) requested
 based on the child support guideline. (if not by guideline)

IF YOU ARE ALSO REQUESTING CHILD SUPPORT ORDERS, CHECK THIS BOX, COMPLETE THIS SECTION (#3 A-D), AND COMPLETE FORM FL-150. (INCOME AND EXPENSE DECLARATION)

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.](#)

CHECK ALL THE BOXES THAT APPLY TO TELL THE COURT WHAT ELSE (IF ANYTHING) YOU ARE REQUESTING.

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.](#)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:	COURT CASE NUMBER
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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.

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. OTHER ORDERS REQUESTED (*specify*): [Attachment 7.](#)

IF THERE WASN'T A BOX FOR WHAT YOU ARE REQUESTING, CHECK THIS BOX AND WRITE IT HERE. YOU WILL ALSO NEED TO CHECK THE "OTHER" BOX ON THE FRONT PAGE WITH A BRIEF DESCRIPTION OF THE ORDER REQUESTED.

8. 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 8.](#)

9. 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 9.](#)

WRITE "SEE ATTACHMENT" AND CHECK THE BOX

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

(TYPE OR PRINT NAME)

SIGN YOUR 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.)

SHORT TITLE: —	<div style="border: 1px solid red; padding: 2px; text-align: center;"> FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS </div>	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; text-align: center;"> COURT CASE NUMBER </div>
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ATTACHMENT (Number): **FL-300 #2(c) and #10**
(This Attachment may be used with any Judicial Council form.)

IN THIS AREA, TELL THE COURT WHY THE ORDERS REQUESTED ARE IN THE BEST INTEREST OF THE CHILDREN AND WHY YOU WANT WHAT YOU ARE ASKING FOR. BE CLEAR AND SPECIFIC.

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

Page ____ of ____
(Add pages as required)

PETITIONER: RESPONDENT: PETITIONER/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:	COURT CASE NUMBER
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CHECK A BOX TO SHOW WHAT THIS FORM IS BEING ATTACHED TO

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. a. **Custody.** Custody of the minor children of the parties is requested as follows: [Attachment 1a.](#)

COMPLETE #1 a.
IF THERE ARE ALLEGATIONS OF ABUSE, ALSO COMPLETE #1 b.

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i>	<u>Physical Custody to</u> <i>(person the child regularly lives with)</i>
CHILD'S FULL NAME (OLDEST CHILD FIRST)	CHILD'S DATE OF BIRTH MONTH / DAY / YEAR	WRITE IN THE NAME(S) OF WHO YOU WANT TO MAKE DECISIONS ABOUT THE CHILD	WRITE IN THE NAME(S) OF WHO YOU WANT THE CHILD TO LIVE WITH

b. **Custody with allegations of a history of abuse or substance abuse**

COMPLETE (1) OR (2) FOR ABUSE ALLEGATIONS.

- (1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

COMPLETE (3) OR (4) FOR CUSTODY ORDERS REQUESTED.

- (3) I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4) Even though there are allegations, I ask that the court make the child custody orders in item 1a. *(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)*
- Below: [Attachment 1b.](#) Other (specify):

CHECK ALL BOXES IN #2 THAT APPLY. DESCRIBE THE PARENTING PLAN THAT YOU WANT THE COURT TO ORDER.

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).

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:	COURT CASE NUMBER
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- 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:

IF YOU USE THESE BOXES, CHECK WHICH PARTY'S PARENTING TIME YOU ARE DESCRIBING.

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

(3) **Weekdays starting (date):**

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

(4) Other visitation (parenting time) days and restrictions are: [listed in Attachment 2e\(4\)](#)
 as follows:

3. **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. **Supervised visitation (parenting time)**

(1) I ask that petitioner respondent other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

IF YOU ARE ASKING FOR THE OTHER PARENT'S VISITATION TO BE SUPERVISED WHERE THERE ARE ALLEGATIONS OF ABUSE, COMPLETE #3 a.

- (a) Domestic violence, child abuse, or neglect.
 (b) Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
 (c) Other parenting concerns (specify below):

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below [in Attachment 3a\(2\)](#) Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; display: inline-block; margin-left: 20px;"> COURT CASE NUMBER </div>
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(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

(i) The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.

(ii) The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.

(iii) The provider's phone number is (specify):

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
other parent/party: _____ percent.

b. **Unsupervised visitation (parenting time)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

IF YOU ARE ASKING FOR THE OTHER PARENT'S VISITATION TO BE UNSUPERVISED WHERE THERE ARE ALLEGATIONS OF ABUSE, COMPLETE #3 b.

(1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.

(2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): Petitioner Respondent Other parent/party

(4) The reasons why the court should make the orders are (specify):
(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)

Below: [in Attachment 3b.](#) Other (specify):

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.

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 the home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other (specify):

SECTION 4 IS FOR REQUESTING SPECIFIC TRANSPORTATION ORDERS.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: COURT CASE NUMBER
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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*):

SECTION 5 IS FOR REQUESTING THE COURT TO RESTRICT TRAVELING WITH THE CHILDREN.

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 below [on form FL-341\(C\)](#)

SECTIONS 6 – 9 ARE FOR THE OPTIONAL CHILD CUSTODY/VISITATION ATTACHMENTS. CHECK ALL BOXES THAT APPLY FOR THE FORMS YOU USE.

8. **Additional custody provisions.** I request the additional orders for custody set out below [on form FL-341\(D\)](#)

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out below [on form FL-341\(E\)](#)

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

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NO.: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):		CASE NUMBER:

YOUR NAME HERE
 YOUR STREET ADDRESS
 YOUR CITY, STATE, and ZIP CODE
 TELEPHONE #

FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS

CHECK THE BOX(ES) THAT APPLY TO THE TEMPORARY ORDERS YOU ARE REQUESTING

COURT CASE NUMBER

1. TO (name(s)): OTHER PARTY'S NAME. CHECK THE CORRESPONDING BOX BELOW.
 Petitioner Respondent Other Parent/Party Other (specify):

A court hearing will be held on the Request for Order (form FL-300) served with this order, as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
b. Address of court	<input checked="" type="checkbox"/> same as noted above	<input type="checkbox"/> other (specify):	

2. Findings: Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial.

COURT ORDERS: The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order:

3. CHILD CUSTODY

a. Child's name	Date of Birth	Temporary physical custody, care, and control to:		
		Petitioner	Respondent	Other Party/Parent
CHILD'S NAME AND DATE OF BIRTH (OLDEST CHILD FIRST)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ARE ASKING FOR TEMPORARY CUSTODY ORDERS, CHECK THE APPROPRIATE BOXES

Continued on Attachment 3(a)
 Visitation (Parenting Time) The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

WRITE THE TYPE OF TEMPORARY VISITATION YOU WANT THE OTHER PARTY TO HAVE BEFORE THE HEARING HERE

See Attachment 3(b)

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; display: inline-block;"> COURT CASE NUMBER </div>
---	--	--

3. CHILD CUSTODY (continued)

c. Travel restrictions

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 - (a) from the state of California.
 - (b) from the following counties (*specify*):
 - (c) other (*specify*):

IF YOU WANT THE COURT TO MAKE A TEMPORARY ORDER TO PROHIBIT THE OTHER PARTY FROM TAKING THE CHILD OUT OF THE STATE OR CERTAIN COUNTIES, CHECK THE BOXES THAT APPLY.

d. Child abduction prevention orders are attached (see form FL-341(B)).

- e. (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 (*specify*):
 - The United States of America Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. PROPERTY CONTROL

a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances 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:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. OTHER ORDERS (*specify*): Additional orders are listed in Attachment 6.

IF YOU WANT THE COURT TO MAKE ANY OTHER TEMPORARY ORDERS, CHECK THE BOX AND WRITE IN WHAT YOU WANT THOSE ORDERS TO BE HERE.

Date: _____

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

Name, Address, & Telephone #

YOUR NAME HERE
YOUR STREET ADDRESS HERE
YOUR CITY, STATE, and ZIP CODE HERE
TELEPHONE # HERE

Attorney for: WRITE "IN PRO PER"

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER

Petitioner:

Case No.: COURT CASE NUMBER

vs.

FILL THE PARTY NAMES OUT EXACTLY AS THEY APPEAR ON YOUR OTHER DOCUMENTS

DECLARATION RE: NOTICE OF EX PARTE APPLICATION FOR ORDER (CRC, Rule 3.1204) (FC 6300)

Respondent:

_____ /

I YOUR NAME HERE am the party/attorney for the party seeking an ex-parte/hearing or order

without a hearing: (Insert type of order) FILL IN THE TYPE OF ORDER HERE

CHECK ONE (Use the reverse side of the form if necessary)

() I gave the following notice to the above-named individual that I would be asking for this ex parte order (state exactly what you said and when you said it):

WRITE DOWN THE EXACT DATE, TIME, HOW YOU CONTACTED THE OTHER PARTY, AND EXACTLY WHAT YOU SAID TO THEM.

() I have made a reasonable and good faith effort to notify the above-named individual of my intent to apply for an ex parte order, but have been unsuccessful. My attempts to notify that individual have consisted of the following (state exactly what attempts you made and when you made them):

SELECT ONE OF THE THREE OPTIONS. CHECK THE BOX THAT APPLIES TO YOU AND YOUR SITUATION AND COMPLETE THE INFORMATION REQUESTED.

WRITE DOWN EXACTLY HOW YOU TRIED TO NOTIFY THE OTHER PARTY. GIVE THE EXACT DATES, TIMES, AND HOW YOU TRIED TO REACH THEM.

() I have not made any attempt to notify that above-named individual of the application for an ex-parte order because I believe such notice would be inappropriate or impractical, or would result in irreparable injury. These are the detailed reasons for not giving such notice:

WRITE DOWN WHY YOU CANNOT NOTIFY THE OTHER PARTY. TELL THE COURT WHAT TYPE OF IRREPARABLE HARM WOULD OCCUR IF THE OTHER PARTY WAS NOTIFIED.

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

Dated: DATE HERE

PRINT YOUR NAME

SIGN YOUR NAME

Print Name

Signature

THIS FORM MUST BE TYPED OR PRINTED IN BLUE OR BLACK INK

EX PARTE APPLICATION DECLARATION

Form: Ex Parte CRC 3.1204 (1/09)

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:		
<i>(This section applies to cases other than probate guardianships.)</i>		
PETITIONER: RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
<i>(This section applies only to probate guardianship cases.)</i>		
GUARDIANSHIP OF (name): _____ Minor		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:	PREVIOUS ADDRESSES FOR THE CHILD FOR 5 YEARS	NAME & ADDRESS OF PERSON CHILD LIVED WITH FOR PREVIOUS 5 YEARS	RELATIONSHIP OF PERSON TO CHILD
From:	To:			
From:	To:			
From:	To:			

DATES SHOULD BE IN ORDER SO THERE ARE NO GAPS

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
---	---

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 OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i> <div style="border: 1px solid red; padding: 5px; margin-top: 5px;"> YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE </div> TELEPHONE NO.: TELEPHONE # FAX NO.: _____ ATTORNEY FOR (Name): WRITE "IN PRO PER"	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: _____	CASE NUMBER: COURT CASE NUMBER <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARENT/PARTY: _____	PROOF OF PERSONAL SERVICE

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): NAME OF PERSON BEING SERVED (OTHER PARTY'S NAME)
3. I served copies of the following documents (specify):

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

4. By personally delivering copies to the person served, as follows:

- a. Date: DATE DOCUMENTS WERE SERVED b. Time: THE EXACT TIME THE PAPERS WERE HANDED TO THE OTHER PARTY
 c. Address: ADDRESS WHERE DOCUMENTS WERE SERVED

5. I am CHECK THIS BOX
- a. not a registered California process server. d. exempt from registration under Business & Profession Code section 22350(b).
 b. a registered California process server. e. a California sheriff or marshal.
 c. an employee or independent contractor of a registered California process server.

6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

CHECK THIS BOX

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

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: DATE HERE

PRINT SERVERS NAME

SERVER SIGNS THEIR NAME

 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

▶

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		<div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold; font-size: 1.2em;"> BOTH PAGES OF THIS FORM ARE LEFT BLANK AND SERVED ON THE OTHER PARTY </div>
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:

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		<div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold; font-size: 1.2em;"> BOTH PAGES OF THIS FORM ARE LEFT BLANK AND SERVED ON THE OTHER PARTY </div>
(This section applies to cases of) _____ PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name): _____ <div style="text-align: right;">Minor</div>		
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		CASE NUMBER:

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the 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.		
b.		
c.		
d.		

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	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
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.)