

# REQUEST FOR ORDER: CUSTODY & VISITATION WITH TEMPORARY ORDERS

FORMS ARE AVAILABLE ON THE INTERNET AT [WWW.SUTTERCOURTS.COM](http://WWW.SUTTERCOURTS.COM) OR [WWW.COURTS.CA.GOV](http://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 27-48 hours depending on when you schedule the hearing and can notify the other party.

**Request for Orders 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 Orders 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 Orders, these orders will remain in effect until your next court date approximately 3-6 weeks out. If the Court denies your request for temporary orders, you will still have a court date approximately 3-6 weeks out. 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 1/15/23 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 1/1/2023

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

**REQUEST FOR ORDERS 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 prior to 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***.

**FILING FEE**

There is a filing fee for a Request for Order and an **additional fee** for an Ex Parte Hearing. Speak with the clerks to determine the current fee amounts; however you can apply for a fee waiver to ask the Court to waive the fees.

**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*
- Optional Attachments: *FL-341(C)-Holiday Schedule, FL-341(D)-Additional Provisions, FL-341(E)-Joint Legal Custody*
- **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*
- **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.)*

A Waiver of Court Fees (FW-001 and FW-003) OR pay the filing fee.

The following forms should be copied TWO times. However, if the Department of Child Support Services (DCSS) is involved in the case, you will need to have the documents copied THREE 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 Orders or at the Ex-Parte Hearing, regardless of whether the request was approved or denied, there will still be a court date scheduled approximated 3-6 weeks out. You can pick up your Endorsed Filed documents from the Civil division once they have been processed and signed by the Judge. You will need to have ALL of documents including the *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. So, if you serve both DCSS and the other party, you will have TWO Proofs of Service.

Before this court date you are ordered by the Court to attend mediation.

## **LEGAL TERMS OF CUSTODY DEFINED**

- **Physical Custody:** The child is living primarily with the person who has physical custody of the child.
- **Legal Custody:** Is for making decisions about the child's health, education, and welfare.
- **Sole Physical Custody:** The child shall reside with one parent, subject to the power of the court to order visitation.
- **Joint Physical Custody:** Each parent has periods of physical custody. It does not mean equal time.
- **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 decisions about the child's health, education, and welfare.

## **MEDIATION PROCEDURES 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 attend a "Mediation Orientation" session before a mediation appointment can be set. In general, Mediation Orientation must be attended every twelve months, unless you have attended regular follow-up mediations during the entire prior year. The purpose of 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 **Child Custody Minute Order** that will be issued when you file your paperwork for more information regarding Orientation and scheduling appointments.

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> FIRM NAME: <span style="border: 1px solid red; padding: 2px;">YOUR STREET ADDRESS</span> STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">YOUR CITY, STATE, ZIP CODE</span> CITY: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>          STATE:                      ZIP CODE: FAX NO.:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, ZIP CODE</span> CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span> RESPONDENT: OTHER PARENT/PARTY: <span style="border: 1px solid red; padding: 2px;">CHECK THIS BOX IF CHANGING AN EXISTING ORDER</span>	
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"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify): <span style="border: 1px solid red; padding: 2px;">CHECK THE BOX(ES) THAT APPLY TO THE ORDER YOU ARE REQUESTING OR CHANGING</span>	CASE NUMBER:   <span style="border: 1px solid red; padding: 2px; display: block; text-align: center;">COURT CASE NUMBER</span>

**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):
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3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)  
 (Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

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

Date:

\_\_\_\_\_  
JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:	<b>COURT CASE NUMBER</b>
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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): **IF THERE ARE RESTRAINING ORDERS IN EFFECT, COMPLETE THIS SECTION.** 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)**

**CHECK THESE BOXES IF YOU ARE ASKING TO CHANGE CUSTODY**

I request temporary emergency orders

a. I request that the court make orders about the following children (specify):

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to</u> (person who decides: health, education, etc):	<input type="checkbox"/> <u>Physical Custody to</u> (person with whom child lives):
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**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:

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

[Form FL-305](#)  [Form FL-311](#)  [Form FL-312](#)  [Form FL-341\(C\)](#)  
 [Form FL-341\(D\)](#)  [Form FL-341\(E\)](#)  Other (specify):

As follows (specify):  [Attachment 2b.](#)

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**

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

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):

**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.**

[Attachment 2d.](#)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:	<b>COURT CASE NUMBER</b>
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3.  CHILD SUPPORT  
 (Note: An earnings assignment may be issued. See *Income Withholding for Support* ([form FL-195](#)))
- a. I request that the court order child support as follows:
- |                      |                          |   |
|----------------------|--------------------------|---|
| Child's name and age | <input type="checkbox"/> | 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):  
 The court ordered child support as follows (specify):  [Attachment 3a.](#)
- c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* ([form FL-150](#)) or I filed a current *Financial Statement (Simplified)* ([form FL-155](#)) because I meet the requirements to file form FL-155.
- d. The court should make or change the support orders because (specify):  [Attachment 3d.](#)

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

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

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:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:	<b>COURT CASE NUMBER</b>
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6.  ATTORNEY'S FEES AND COSTS  
 I request attorney's fees and costs, which total (specify amount): \$ \_\_\_\_\_ . I filed the following to support my request:
- A current *Income and Expense Declaration* ([form FL-150](#)).
  - A *Request for Attorney's Fees and Costs Attachment* ([form FL-319](#)) or a declaration that addresses the factors covered in that 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.

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.
- The *Restraining Order After Hearing* (form DV-130) was filed on (date): \_\_\_\_\_
  - 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.)
  - I request that the court make the following changes to the restraining orders (specify):  [Attachment 7c.](#)
  - I want the court to change or end the orders because (specify):  [Attachment 7d.](#)

8.  OTHER ORDERS REQUESTED (specify): \_\_\_\_\_  [Attachment 8.](#)

**IF THERE WASN'T A BOX FOR WHAT YOU ARE REQUESTING, CHECK THE 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.**

9.  TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:
- To serve the *Request for Order* no less than (number): \_\_\_\_\_ court days before the hearing.
  - The hearing date and service of the the *Request for Order* to be sooner.
  - 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.](#)

**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:    
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶   
 \_\_\_\_\_  
 (SIGNATURE OF APPLICANT)



**Requests for Accommodations**

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

SHORT TITLE: —	<div style="border: 1px solid red; padding: 2px; text-align: center;"> <b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b> </div>	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; text-align: center;"> <b>COURT CASE NUMBER</b> </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:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:	<b>COURT CASE NUMBER</b>
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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:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:	<b>COURT CASE NUMBER</b>
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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:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; display: inline-block; margin-left: 20px;"> <b>COURT CASE NUMBER</b> </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:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>
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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*):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	FILL THIS OUT <b>EXACTLY</b> 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**

**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.**

**THIS IS AN OPTIONAL FORM FOR REQUESTING THE COURT TO MAKE ORDERS ABOUT SPECIFIC HOLIDAYS AND VACATIONS.**

Holidays	Times (from when to when) <i>(Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)</i>	Every Year <i>Petitioner/ Respondent/ Other Parent/Party</i>	Even Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>	Odd Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>
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 ( <i>date</i> ):				
Child's birthday ( <i>date</i> ):				
Child's birthday ( <i>date</i> ):				
Mother's birthday ( <i>date</i> ):				
Father's birthday ( <i>date</i> ):				
Other Parent/Party's birthday ( <i>date</i> ):				
Breaks for year-round schools				

**THIS COLUMN IS TO REQUEST A DIFFERENT TIME SCHEDULE FOR CERTAIN HOLIDAYS.**

**THIS COLUMN IS TO REQUEST CERTAIN HOLIDAYS EVERY YEAR.**

**THESE COLUMNS ARE TO REQUEST A CERTAIN HOLIDAY SCHEDULE BASED ON EVEN AND ODD YEARS.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</b>	CASE NUMBER:	<b>COURT CASE NUMBER</b>
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**1. Holiday parenting (continued)**

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

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**

**FILL OUT SECTION 2 IF YOU WOULD LIKE THE COURT TO MAKE ORDERS ABOUT VACATION SCHEDULES.**

- 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):

**THIS IS AN OPTIONAL FORM WHERE YOU CAN ASK THE COURT TO MAKE COMMONLY REQUESTED ORDERS IN CHILD CUSTODY CASES.**

FL-341(D)

PETITIONER:  
RESPONDENT:  
BY:

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

CASE NUMBER:

**COURT CASE NUMBER**

**CHECK A BOX TO SHOW WHAT THIS FORM IS BEING ATTACHED TO**

**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

**CHECK TO WHOM YOU WANT THE ADDITIONAL PROVISIONS TO APPLY**

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.

**THIS IS PAGE 2 OF AN OPTIONAL FORM WHERE YOU CAN ASK THE COURT TO MAKE COMMONLY REQUESTED ORDERS IN CHILD CUSTODY CASES.**

**FL-341(D)**

PETITIONER:  
RESPONDENT:  
OTHER PARENT/PARTY:

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

CASE NUMBER:

**COURT 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*):**



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

**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.**

**IN #1, CHECK TWO BOXES TO SHOW WHO HAS JOINT LEGAL CUSTODY**

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*):

**THIS IS AN OPTIONAL FORM WHERE YOU CAN ASK THE COURT TO MAKE SPECIFIC JOINT LEGAL CUSTODY ORDERS.**

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*):**

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME HERE</span> FIRM NAME: <span style="border: 1px solid red; padding: 2px;">YOUR STREET ADDRESS</span> STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">YOUR CITY, STATE, and ZIP CODE</span> CITY: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, and ZIP CODE</span> CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span> OTHER PARENT/PARTY:	
<b>TEMPORARY EMERGENCY (EX PARTE) ORDERS</b> <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify): <span style="border: 1px solid red; padding: 2px;">CHECK THE BOX(ES) THAT APPLY TO THE TEMPORARY ORDERS YOU ARE REQUESTING</span>	CASE NUMBER:  <span style="border: 1px solid red; padding: 2px; display: block; margin-left: auto; margin-right: auto;">COURT CASE NUMBER</span>

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:	Dept.:	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**

	Temporary physical custody, care, and control to:			
a. <u>Child's name</u>	<u>Date of Birth</u>	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)

b.  **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>
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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, State Bar number, and address): <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">                     YOUR NAME HERE                      YOUR STREET ADDRESS HERE                      YOUR CITY, STATE, and ZIP CODE HERE                 </div> TELEPHONE NO.: TELEPHONE #      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): WRITE "IN PRO PER"	FOR COURT USE ONLY  <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: 80%;">                     THIS FORM IS TO TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST FIVE YEARS.                 </div>
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: (This section applies only to family law cases.) RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARTY:	
GUARDIANSHIP OF (Name): (This section applies only to guardianship cases.)      Minor	CASE NUMBER:  <div style="border: 1px solid red; padding: 2px; display: inline-block;">                     COURT CASE NUMBER                 </div>
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. WRITE IN THE NUMBER OF CHILDREN
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 OLDEST CHILD'S NAME	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM / DD / YYYY	Sex M or F
Period of residence to present Address: <input type="checkbox"/> Confidential      CURRENT ADDRESS FOR THE CHILD	Person child lived with (name and complete current address) NAME OF PERSON THE CHILD LIVES WITH AT THAT ADDRESS		Relationship RELATIONSHIP OF PERSON TO CHILD
to Child's residence (City, State) PREVIOUS ADDRESSES FOR THE CHILD FOR FIVE YEARS GO IN THESE BOXES.	Person child lived with (name and complete current address)		
to Child's residence (City, State) MAKE SURE THE "PERIOD OF RESIDENCE" DATES, DIAGONAL FROM EACH OTHER, MATCH.	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 NEXT OLDEST CHILD'S NAME	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM / DD / YYYY	Sex M or F
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to Address: <input type="checkbox"/> Confidential      CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES	Person child lived with (name and complete current address) IF THE CHILDREN HAVE NOT BEEN LIVING AT THE SAME ADDRESSES, THEN TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS.		Relationship
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)		
<input type="checkbox"/> IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK BOX C AND CREATE AN ATTACHMENT TITLED "ATTACHMENT 3C" AND LIST THE ADDITIONAL ADDRESSES.			
<input type="checkbox"/> IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THIS CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A).			
c. <input type="checkbox"/> Additional residence information for a child listed in item a or b is continued on attachment 3c.			
d. <input type="checkbox"/> Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)			

SHORT TITLE: <span style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">LAST NAME VS. LAST NAME</span>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">COURT CASE NUMBER</span>
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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 <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> 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 <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
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	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
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 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  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child	b. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child	c. Name and address of person  <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights  Name of each child
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ANSWER QUESTION #5. TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.

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

Date: DATE HERE

PRINT YOUR NAME

SIGN YOUR NAME

(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.

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.: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> FAX NO.: _____ ATTORNEY FOR (Name): <span style="border: 1px solid red; padding: 2px;">WRITE "IN PRO PER"</span>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> MAILING ADDRESS: _____ CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, and ZIP CODE</span> BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: <span style="border: 1px solid red; padding: 5px; display: inline-block; text-align: center;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span> OTHER PARENT/PARTY: _____	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>  <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
<b>PROOF OF PERSONAL SERVICE</b>	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.

2. Person served (name): 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.
- 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):

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: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, C 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, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ PETITIONER: _____ (This section applies to guardianship cases.) RESPONDENT: _____ OTHER PARTY: _____	<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>
GUARDIANSHIP OF (Name): _____ Minor _____ (This section applies only to guardianship cases.)	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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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																								
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- 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.)