

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input 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):	CASE NUMBER:

Note: Read form 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 and form

NOTICE OF HEARING

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

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
b. Address of court <input 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):

Date: _____ JUDICIAL OFFICER _____

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REQUEST FOR ORDER

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

1. RESTRAINING ORDER INFORMATION

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

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

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

- a. Criminal: County/state (specify): Case No. (if known):
- b. Family: County/state (specify): Case No. (if known):
- c. Juvenile: County/state (specify): Case No. (if known):
- d. Other: County/state (specify): Case No. (if known):

2. CHILD CUSTODY

I request temporary emergency orders

VISITATION (PARENTING TIME)

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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b. The orders I request for child custody visitation (parenting time) are:

(1) Specified in the attached forms:

<input type="checkbox"/> Form	<input type="checkbox"/> Form	<input type="checkbox"/> Form	<input type="checkbox"/> Form
<input type="checkbox"/> Form	<input type="checkbox"/> Form	<input type="checkbox"/> Other (specify):	

(2) As follows (specify):

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

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

3. CHILD SUPPORT
 (Note: An earnings assignment may be issued. See *Income Withholding for Support* (form _____))
- a. I request that the court order child support as follows:
- | | | |
|-----------------------------|---|---|
| <u>Child's name and age</u> | <input type="checkbox"/> I request support for each child | <u>Monthly amount (\$) requested</u> |
| | | based on the child support guideline. (if not by guideline) |

- b. I want to change a current court order for child support filed on (date): _____
 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 _____) or I filed a current *Financial Statement (Simplified)* (_____) because I meet the requirements to file form FL-155.
- d. The court should make or change the support orders because (specify): _____

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT
 (Note: An *Earnings Assignment Order for Spousal or Partner Support* (_____) 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 _____) 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 _____) in support of my request.
- e. The court should should make, change, or end the support orders because (specify): _____

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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 _____ 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 _____).
 b. A *Request for Attorney's Fees and Costs Attachment* (form _____) or a declaration that addresses the factors covered in that form.
 c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form _____) or a declaration that addresses the factors covered in that form.

7. **OTHER ORDERS REQUESTED** (*specify*): _____

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*): _____

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.

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

Date: _____
 _____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF APPLICANT)



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