

SAMPLES

EX PARTE REQUEST FOR ORDERS

Rev. 7/11/2013

**Use the samples to help you complete
the packet of blank forms.**

NAME AND ADDRESS OF PARTY OR ATTORNEY FOR PARTY: TELEPHONE NUMBER:		FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
YOUR NAME YOUR ADDRESS ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: PETITIONER'S NAME (person who started the case) RESPONDENT: RESPONDENT'S NAME		CASE NUMBER: YOUR CASE NUMBER, if you have one
DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR ORDERS		DEPARTMENT NUMBER: FCS NUMBER:

NOTE: USE AN ADDRESS THAT IS SAFE FOR THE OTHER PARTY TO SEE.

ASK STAFF TO STAMP FORM WITH CORRECT ADDRESS.

I, the undersigned, declare:

CHECK ONE

- I am (choose one):
 - a. attorney for Petitioner attorney for Respondent attorney for child(ren)
 - b. self-represented Petitioner self-represented Respondent
 - c. other (explain): _____

CHECK ONE

- The opposing party or minor children is represented by an attorney: Yes No

(If you checked "Yes", fill in the name, address, and telephone number of all attorneys.

If you checked "No", fill in the Party/Attorney name: _____

OTHER PARTY'S NAME, ADDRESS AND PHONE NUMBER OR THEIR

Address/Telephone number: _____ ATTORNEY'S NAME, ADDRESS AND PHONE NUMBER, IF THEY HAVE ONE

Child's attorney name and address: _____ IF THE CHILD(REN) HAS AN ATTORNEY, PROVIDE NAME/ADDRESS HERE

- OTHER CASES: CHECK "YES" OR "NO", IF "YES" WRITE THE OTHER CASE NUMBERS ON THE LINE ABOVE
 Case? Yes No If there has been another case, fill in the case number: _____

- OTHER APPLICATIONS: I or another party have have not made previous application(s) on the same issue. Orders were were not granted on the prior application(s). Explain in your declaration.

- NOTICE CHECK THE BOXES THAT APPLY AND EXPLAIN IN YOUR DECLARATION.

I HAVE given notice to all opposing parties and/or their attorney by the following method:

- Personal delivery Fax Overnight Carrier First Class Mail Other: _____

Date: _____ Time: _____ Person who received: _____

I have received notice:

In person

Written

- I ask the court to grant the order (Check one)

This

This

Giving notice would result in immediate and irreparable harm to the applicant or the children who may be affected by the order sought;

Giving notice would result in immediate and irreparable damage to or loss of property subject to disposition in the case;

The parties agreed in advance that notice will not be necessary with respect to the matter that is the subject of the request for emergency orders; and

The party made reasonable and good faith efforts to give notice to the other party, and further efforts to give notice would probably be futile or unduly burdensome (describe those efforts).

***** STOP AT ITEM 4 *****

CHECK WITH STAFF BEFORE COMPLETING THIS SECTION.

PETITIONER: PETITIONER'S NAME (person who started the case)	CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	YOUR CASE NUMBER, if you have one

- Other
- c. Fur
-
-
-

*****STOP*****
 CHECK WITH STAFF BEFORE
 COMPLETING THIS SECTION.

_____ me time.

 Date Print Name Signature of Declarant

INSTRUCTIONS

For more information please refer to Superior Court of California, County of Santa Clara Local Rules 5 A & B and California State Rules, Rules 5.151, 5.165, 5.167, and 5.170.

This form is required in Santa Clara County, if you are asking the Judge to make immediate orders (also know as emergency or ex parte orders) without the other party being present for a hearing. This form must be completed in any case where ex parte orders or emergency orders are requested. If you are required to give notice, notice must be given before 10:00 a.m. on the court day before the Judge reviews the application, or the application will be delayed another 24 hours. Notice means providing the other side of the case, either all other attorneys or any self-represented party, with copies of any papers that you want the Judge to review and any orders that you are requesting. If you have given notice to the other side of your case, you must state the form of notice given. If you ask the Court to not require notice, you must explain why. Sometimes notice is not required, such as cases involving allegations of domestic violence or where the safety of a party or a child might be at risk if notice is given. It is up to the Judge in your case to determine whether notice will be required or not.

SECTION #1

State whether you are the Petitioner or the Respondent in the case. Once a case is filed, the parties keep the same status in the case. You do not change from the Respondent to the Petitioner by filing a new motion in the case. If you do not have an attorney, you are considered self-represented.

SECTION #2

If any other party is represented by an attorney, you must provide the Court with the attorney's name and address. If the other party is not represented by an attorney, you must provide the Court with the other party's address.

SECTION #3

It is very important to list all other cases in which you and the other party have been involved with the courts. This would include other Family Law, Probate, Juvenile, Restraining Order, Child Support, Civil, or Criminal matters. If you do not have the case number, please put "unknown" and list the county and the year of the filing, if possible.

SECTION #5A

Unless notice is excused by the Court, you must provide notice of this application to all other parties and attorneys before you deliver a copy to the Court. When you give such notice, specify how you did it (by fax, courier, or personally, for example), who received it and at what time and on which date. Also, please explain how you know that the other side received copies of your papers and what response you were given.

SECTION #5B

If you believe that you should not be required to give notice of this application and are asking the Court to waive notice, explain why in this section. Check as many boxes as apply. You may also write out any further explanation of your reasons for not giving notice.

After this form is completed, attach it to your application or motion and submit them to the Court Specialist's Office at the Family Court Facility where you are dropping off your paperwork for review.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

YOUR NAME
YOUR ADDRESS

TELEPHONE NO.: _____ FAX NO. (Optional): _____

E-MAIL ADDRESS (Optional): _____

ATTORNEY FOR (Name): _____

FOR COURT USE ONLY

SAMPLE ONLY

Do not write on this copy!

CASE NUMBER: _____

YOUR COURT CASE NUMBER (if you have one)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS: _____
MAILING ADDRESS: _____
CITY AND ZIP CODE: _____
BRANCH NAME: _____

ASK STAFF TO STAMP FORM WITH CORRECT ADDRESS

PETITIONER/PLAINTIFF: PETITIONER'S NAME _____
RESPONDENT/DEFENDANT: RESPONDENT'S NAME _____
OTHER PARENT/PARTY: _____

REQUEST FOR ORDER **MODIFICATION** **Temporary Emergency Order**

Child Custody and Visitation **Child Support** **Attorney Fees and Costs**

CHECK ALL THE BOXES THAT APPLY

CHECK HERE IF YOU ARE ASKING TO CHANGE AN ORDER

1. TO (name): **OTHER PARTY'S NAME** (also put their attorney's name if they have one and DCSS if they are in the case)
2. A hearing on this Request for Order will be held as follows: **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)**

a. Date: _____ Time: _____ Dept.: _____ Room.: _____

b. Address of court same as noted above other (specify): **SAME AS STREET ADDRESS ABOVE**

3. Attachments to be served with this Request for Order:
- a. A blank Responsive Declaration (form FL-320)
 - b. Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration
 - c. Completed Financial Statement (Simplified) (form FL-155) and a blank Financial Statement (Simplified)
 - d. Points and authorities
 - e. Other (specify): **FM-1013, FL-305, FL-311, others?**

Date: **TODAY'S DATE** PRINT YOUR NAME HERE SIGN YOUR NAME HERE

(TYPE OR PRINT NAME) (SIGNATURE)

COURT ORDER

4. YOU ARE ORDERED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL REASON WHY THE ORDERS REQUESTED SHOULD NOT BE GRANTED.
5. Time for service hearing is shortened. Service must be on or before (date): **5 DAYS BEFORE HEARING DATE**
6. Any responsive declaration must be served on or before (date): **2 DAYS BEFORE HEARING DATE**
7. The parties are ordered to attend mandatory custody services as follows:
8. You are ordered to comply with the Temporary Emergency Court Orders (form FL-305) attached.
9. Other (specify): _____

Date: **LEAVE BLANK** **LEAVE BLANK**

JUDICIAL OFFICER

To the person who received this Request for Order: If you wish to respond to this Request for Order, you must file a Responsive Declaration to Request for Order (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the Responsive Declaration to Request for Order (form FL-320) or any other declaration including an Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155).

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	YOUR COURT CASE NUMBER
OTHER PARENT/PARTY:	(if you have one)

CHECK WHICH ONE YOU ARE

REQUEST FOR ORDER AND SUPPORTING DECLARATION

Petitioner
 Respondent
 Other Parent/Party

COMPLETE ITEM 1 IF YOU ARE ASKING FOR CUSTODY ORDERS.

1. CHILD CUSTODY

To be ordered pending the hearing

a. Child's name and age

b. Legal custody to (name of person who makes decisions about health, education, etc.)

c. Physical custody to (name of person with whom child will live)

CHILD #1'S NAME, AGE
CHILD #2'S NAME, AGE
CHILD #3'S NAME, AGE

See attached FL-311

- d. As requested in form
- Child Custody and Visitation Application Attachment (form FL-311)
 - Request for Child Abduction Prevention Orders (form FL-312)
 - Children's Holiday Schedule Attachment (form FL-341(C))
 - Additional Provisions—Physical Custody Attachment (form FL-341(D))
 - Joint Legal Custody Attachment (form FL-341(E))
 - Other (Attachment 1d)

e. Modify existing order

(1) filed on (date):

(2) ordering (specify):

IF YOU ARE ASKING TO CHANGE AN EXISTING ORDER, CHECK BOX 1e AND FILL IN THIS SECTION DESCRIBING YOUR CURRENT ORDER.

COMPLETE ITEM 2 IF YOU ARE ASKING FOR A PARENTING SCHEDULE

2. CHILD VISITATION (PARENTING TIME)

To be ordered pending the hearing

a. As requested in: (1) Attachment 2a (2) Child Custody and Visitation Application Attachment (form FL-311)

(3) Other (specify):

b. Modify existing order

(1) filed on (date):

(2) ordering (specify):

IF YOU ARE ASKING TO CHANGE AN EXISTING ORDER, CHECK BOX 2b AND FILL IN THIS SECTION DESCRIBING YOUR CURRENT ORDER.

c. One or more of you have one.) The

IF THERE ARE ANY RESTRAINING ORDERS BETWEEN YOU AND THE OTHER PARENT, CHECK BOX 2c AND COMPLETE THIS SECTION.

- | | |
|--|--|
| (1) <input type="checkbox"/> Criminal: County/state:
Case No. (if known): | (3) <input type="checkbox"/> Juvenile: County/state:
Case No. (if known): |
| (2) <input type="checkbox"/> Family: County/state:
Case No. (if known): | (4) <input type="checkbox"/> Other: County/state:
Case No. (if known): |

3. CHILD SUPPORT (An earnings a

COMPLETE ITEM 3 IF YOU ARE ASKING FOR CHILD SUPPORT ORDERS

a. Child's name and age

b. I request support based on the child support guidelines

c. Monthly amount requested (if not by guideline)

\$

CHILD #1'S NAME, AGE
CHILD #2'S NAME, AGE
CHILD #3'S NAME, AGE

d. Modify existing order

(1) filed on (date):

(2) ordering (specify):

IF YOU ARE ASKING TO CHANGE AN EXISTING ORDER, CHECK BOX 3d AND FILL IN THE AMOUNT OF YOUR CURRENT CHILD SUPPORT ORDER.

Notice: The court is required to order child support based on the income of both parents. It normally continues until the child is 18. You must supply the court with information about your finances by filing an *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155). Otherwise, the child support order will be based on information about your income that the court receives from other sources, including the other parent.

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;"> YOUR COURT CASE NUMBER (if you have one) </div>
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4. SPOUSAL ORDER COMPLETE ITEM 4 IF YOU ARE ASKING FOR SPOUSAL SUPPORT ORDERS

- a. Amount requested (monthly): \$ c. Modify existing order
- b. Terminate existing order (1) filed on (date): (1) filed on (date):
- (2) ordering (specify): IF YOU ARE ASKING TO CHANGE AN EXISTING ORDER, CHECK BOX 4C AND FILL IN THE AMOUNT OF YOUR CURRENT SPOUSAL SUPPORT ORDER..
- d. The Spousal or Partner Support Declaration Attachment (form FL-157) is attached (for modification of spousal or partner support after judgment only)
- e. An Income and Expense Declaration (form FL-150) must be attached

5. ATTORNEY FEES AND COSTS are requested on Request for Attorney Fees and Costs Order Attachment (form FL-319) or a declaration that addresses the factors covered in that form. An Income and Expense Declaration (form FL-150) must be attached. A Supporting Declaration for Attorney Fees and Costs Order Attachment (form FL-158) or a declaration that addresses the factors covered in that form must also be attached.

6. PROPERTY RESTRAINT To be ordered pending the hearing
- a. The petitioner respondent claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
 - The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.
 - b. Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.
 - c. Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

7. PROPERTY CONTROL To be ordered pending the hearing
- a. The petitioner respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (specify):

 - b. The petitioner respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
|-------------|--------------------------|---------------|

8. OTHER RELIEF (specify):

CHECK WITH STAFF BEFORE WRITING ANYTHING HERE

NOTE: To obtain domestic violence restraining orders, you must use the forms Request for Order (Domestic Violence Prevention) (form DV-100), Temporary Restraining Order (Domestic Violence) (form DV-110), and Notice of Court Hearing (Domestic Violence) (form DV-109).

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> YOUR COURT CASE NUMBER (if you have one) </div>
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9. I request that time for service of the *Request for Order* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): 5 days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.
10. FACTS IN SUPPORT of orders requested and change of circumstances for any modification are (*specify*):
 Contained in the attached declaration. (*You may use Attached Declaration (form MC-031) for this purpose. The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.*)

EXPLAIN THE EMERGENCY SITUATION IN THE FIRST SENTENCE

EXPLAIN WHY THE ORDERS YOU ARE REQUESTING ARE IN THE BEST INTEREST OF THE CHILD. IF YOU ARE ASKING THE COURT TO CHANGE AN EXISTING ORDER, EXPLAIN THE REASONS THE CHANGE IS NEEDED.

FOR EXAMPLE, IF YOU WANT THE COURT TO GIVE YOU PHYSICAL CUSTODY, YOU NEED TO EXPLAIN HERE WHY THE CHILD IS BETTER OFF LIVING WITH YOU INSTEAD OF THE OTHER PARENT.

IF YOU ARE ASKING THE COURT TO ORDER A PARENTING SCHEDULE EITHER FOR YOU OR THE OTHER PARENT, EXPLAIN WHY THE SCHEDULE YOU ARE REQUESTING IS IN THE BEST INTEREST OF THE CHILD. IF YOU ARE ASKING THE COURT TO STOP THE OTHER PARENT'S TIME WITH THE CHILD(REN), OR ORDER SUPERVISED VISITS, EXPLAIN **IN DETAIL** THE SPECIFIC REASONS WHY.

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

Date: TODAY'S DATE

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(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). (Civil Code, § 54.8.)

SHORT TITLE:

PETITIONER'S LAST NAME VS. RESPONDENT'S LAST NAME

CASE NUMBER:

YOUR CASE NUMBER, if you have one

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ATTACHMENT (Number) : 10

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

Page _____ of _____

(Add pages as required)

THIS IS WHERE YOU HAVE MORE ROOM TO TELL THE JUDGE WHY YOU NEED EMERGENCY CUSTODY AND VISITATION ORDERS. GIVE LOTS OF DETAILS (LIKE DATES AND TIMES) TO LET THE JUDGE KNOW WHAT THE EMERGENCY IS.

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

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;"> YOUR COURT CASE NUMBER (if you have one) </div>
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TEMPORARY EMERGENCY COURT ORDERS

Attachment to Request for Order (FL-300)

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

1. PROPERTY RESTRAINT

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

2. PROPERTY CONTROL

- a. Petitioner Respondent is given the exclusive temporary use, possession, and control of the following property that the parties own or are buying (*specify*):
 - b. Petitioner Respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
|-------------|--------------------------|---------------|

CHECK WHO YOU WANT TO HAVE CUSTODY UNTIL THE HEARING DATE

3. MINOR CHILDREN

- a. Petitioner Respondent will have the temporary physical custody, care, and control of the minor children of

WHAT VISITATION SCHEDULE DO YOU WANT FOR THE PARENT WHO DOES NOT HAVE CUSTODY?

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

CHECK THESE BOXES IF YOU WANT THE JUDGE TO ORDER THAT YOU OR THE OTHER PARENT ARE NOT ALLOWED TO TAKE THE CHILD OUT OF THE COUNTY OR STATE.

4. OTHER ORDERS (*specify*):

Additional orders are listed on Attachment 4.

LEAVE BLANK

Date: LEAVE BLANK

JUDGE OF THE SUPERIOR COURT

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

CLERK'S CERTIFICATE

[SEAL]

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

Date: LEAVE BLANK Clerk, by LEAVE BLANK, Deputy

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: YOUR CASE NUMBER
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO **Petition, Response, Application for Order or Responsive Declaration** **Other (specify):**
 To be ordered now and effective until the hearing

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

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <small>(person who makes decisions about health, education, etc.)</small>	<u>Physical Custody to</u> <small>(person with whom the child lives)</small>
CHILD #1'S NAME	BIRTHDATE	YOU HAVE 3 CHOICES:	YOU HAVE 3 CHOICES:
CHILD #2'S NAME	BIRTHDATE	YOUR NAME,	YOUR NAME,
CHILD #3'S NAME	BIRTHDATE	THE OTHER PARENT'S NAME	THE OTHER PARENT'S NAME
		OR JOINT	OR JOINT

2. **Visitation.**

- a. Reasonable **violence** COMPLETE THIS SECTION WITH THE PARENTING SCHEDULE YOU WANT FOR THE PARENT THE CHILD DOESN'T USUALLY LIVE WITH involving domestic
- b. See the attached _____-page document dated (specify date):
- c. The parties will go to mediation at (specify location): Check box 2.c. if you want the court to order you and the other parent to go to Orientation and Mediation to work out a parenting schedule
- d. No visitation
- e. Visitation for the petitioner respondent will be as follows:

(1) **Weekends starting (date):** Check the box if you are asking for Weekend parenting time

(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.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

- (a) The parents will alternate the fifth weekends, with the petitioner respondent having the initial fifth weekend, which starts (date):
- (b) The petitioner will have fifth weekends in odd even months.

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

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(3) **Weekdays starting (date) :** Check the box if you are asking for Weekday parenting time

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions) :**

See Attachment 2e(4).

PETITIONER: PETITIONER'S NAME	CASE NUMBER: YOUR CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	

FILL OUT ITEM 3 IF IT APPLIES

3. **Supervised visitation.**
 I request that (name) : _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by (name) : _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (specify) :

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

FILL OUT ITEM 4 IF IT APPLIES

4. **Transportation for visitation and place of exchange.**

- a. Transportation **to** the visits will be provided by (name) :
- b. Transportation **from** the visits will be provided by (name) :
- c. Drop-off of the children will be at (address) :
- d. Pick-up of the children will be at (address) :
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other (specify) :

FILL OUT ITEM 5 IF IT APPLIES

5. **Travel with children.** The petitioner respondent other (name) : _____ **must** have written permission from the other parent or a court order to take the children out of

- a. the state of California.
- b. the following counties (specify) :
- c. other places (specify) :

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 5px; width: fit-content;">YOUR NAME</div> <div style="border: 1px solid black; padding: 5px; width: fit-content;">YOUR ADDRESS</div> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	<div style="border: 1px solid black; padding: 5px; width: 80%; margin: 0 auto;"> ASK STAFF TO STAMP CORRECT COURTHOUSE ADDRESS HERE. </div>
PETITIONER/PLAINTIFF: <div style="border: 1px solid black; padding: 2px; display: inline-block;">PETITIONER'S NAME</div> RESPONDENT/DEFENDANT: <div style="border: 1px solid black; padding: 2px; display: inline-block;">RESPONDENT'S NAME</div> OTHER PARENT/PARTY: _____	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">YOUR COURT CASE NUMBER</div> (If applicable, provide): HEARING DATE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">YOUR HEARING DATE,</div> HEARING TIME: <div style="border: 1px solid black; padding: 2px; display: inline-block;">TIME AND DEPT.</div> DEPT.: _____
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):

THE OTHER PARENT'S NAME
3. I served copies of the following documents (specify):
FILED COPIES OF: Declaration in Support of Ex Parte Application; Request for Order; Temporary Emergency Court Orders; Child Custody and Visitation Application Attachment

Blank Responsive Declaration to Request for Order, ADR Options

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

DATE PAPERS WERE SERVED TO THE OTHER PARTY

 b. Time:

TIME PAPERS WERE SERVED TO THE OTHER PARTY
 - c. Address:

ADDRESS WHERE A FILED COPY OF YOUR FORMS
WAS SERVED (HANDED) TO THE OTHER PARTY
5. I am

a. <input checked="" type="checkbox"/> not a registered California process server. b. <input type="checkbox"/> a registered California process server. c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). e. <input type="checkbox"/> a California sheriff or marshal.
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6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

SERVER'S NAME, ADDRESS AND TELEPHONE NUMBER
 NOTE: THE "SERVER" IS THE PERSON WHO HANDED
 A FILED COPY OF YOUR FORMS TO THE OTHER PARTY.

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 SERVER SIGNS THIS FORM

SERVER WILL PRINT HIS/HER NAME HERE

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

SERVER WILL SIGN HIS/HER NAME HERE

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)