

SAMPLE

RESPONSE TO REQUEST FOR ORDERS

Rev. 8/2/2012

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px 0;">YOUR NAME YOUR ADDRESS</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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 STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">ASK STAFF TO STAMP FORM WITH CORRECT ADDRESS</div>
PETITIONER/PLAINTIFF: PETITIONER'S NAME (WHO STARTED THE CASE) RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARTY: _____	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	
HEARING DATE: _____ TIME: _____ DEPARTMENT OR ROOM: _____ HEARING DATE HEARING TIME DEPT. #	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">YOUR CASE NUMBER</div>

1. **CHILD CUSTODY** If the papers you received ask for CUSTODY orders, check box 1 and choose a or b. If b, describe the CUSTODY orders YOU want on attached form FL-311.

a. I consent to the order requested.

b. I do not consent to the order requested, but I consent to the following order:

2. **CHILD VISITATION (PARENTING TIME)** If the papers you received ask for a PARENTING TIME order, check box 2 and choose a or b. If b, write out the PARENTING TIME YOU want on attached form FL-311.

a. I consent to the order requested.

b. I do not consent to the order requested, but I consent to the following order:

3. **CHILD SUPPORT** If the papers you received ask for CHILD SUPPORT orders, check box 3 and choose a, b or c. If c, then check 1 or 2. If 2, write out the order YOU want.

a. I consent to the order requested.

b. I consent to guideline support.

c. I do not consent to the order requested, but I consent to the following order:

(1) Guideline

(2) Other (specify): _____

4. **SPOUSAL OR PARTNER SUPPORT** If the papers you received ask for SPOUSAL or PARTNER SUPPORT orders, check box 4 and choose a, b or c. If c, write out the order YOU want.

a. I consent to the order requested.

b. I do not consent to the order requested.

c. I consent to the following order:

PETITIONER/PLAINTIFF: PETITIONER'S NAME (WHO STARTED THE CASE) RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">YOUR CASE NUMBER</div>
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5. **ATTORNEY'S FEES AND COSTS** If the papers you received ask for ATTORNEY'S FEES and COSTS, check box 5 and choose a, b or c. If c, write out the order YOU want.

a. I consent to the order requested.

b. I do not consent to the order requested.

c. I consent to the following order:

6. **PROPERTY RESTRAINT** If the papers you received ask for PROPERTY RESTRAINT orders, check box 6 and choose a, b or c. If c, write out the order YOU want.

a. I consent to the order requested.

b. I do not consent to the order requested.

c. I consent to the following order:

7. **PROPERTY CONTROL** If the papers you received ask for PROPERTY CONTROL orders, check box 7 and choose a, b or c. If c, write out the order YOU want.

a. I consent to the order requested.

b. I do not consent to the order requested.

c. I consent to the following order:

8. **OTHER RELIEF** If the papers you received ask for OTHER orders, check box 8 and choose a, b or c. If c, write out the order YOU want.

a. I consent to the order requested.

b. I do not consent to the order requested.

c. I consent to the following order:

9. **SUPPORTING INFORMATION**
 Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

EXPLAIN ON THE ATTACHED LINED PAPER WHY YOU AGREE OR DISAGREE WITH THE OTHER PARTY'S REQUEST(S).

NOTE: To respond to domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100), you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

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

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: PETITIONER'S NAME
RESPONDENT/DEFENDANT: RESPONDENT'S NAME

CASE NUMBER:
YOUR CASE NUMBER

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

COMPLETE THIS SECTION IF THE OTHER PARTY ASKED FOR CUSTODY ORDERS AND YOU WANT TO LET THE COURT KNOW WHAT YOU WOULD LIKE THE ORDER TO BE.

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

2. **Visitation.**

- a. Reasonable right of visitation to the party without physical custody **violence)**
- b. See the attached _____-page document dated (specify _____)
- c. The parties will go to mediation at (specify location):
- d. No visitation
- e. Visitation for the petitioner respondent

IF THE OTHER PARTY ASKED FOR PARENTING TIME ORDERS, COMPLETE THIS SECTION WITH THE SCHEDULE YOU WANT FOR THE PARENT THE CHILD DOESN'T USUALLY LIVE WITH.

(1) **Weekends starting (date):**

(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) :**

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) :



SHORT TITLE:

PETITIONER'S LAST NAME V. RESPONDENT'S LAST NAME

CASE NUMBER:

YOUR CASE NUMBER

ATTACHMENT (Number) : 9

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

USE THIS PAGE TO EXPLAIN WHY YOU AGREE OR DISAGREE WITH THE OTHER PARTY'S REQUEST(S).

Horizontal lines for writing the explanation.

(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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">YOUR NAME YOUR ADDRESS</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY <div style="font-size: 24pt; font-weight: bold; margin: 10px 0;">SAMPLE ONLY</div> <div style="font-size: 24pt; font-weight: bold; margin: 10px 0;">Do not write on this copy!</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: <div style="border: 1px solid black; padding: 2px;">ASK STAFF TO STAMP</div> MAILING ADDRESS: <div style="border: 1px solid black; padding: 2px;">FORM WITH CORRECT</div> CITY AND ZIP CODE: <div style="border: 1px solid black; padding: 2px;">ADDRESS</div> BRANCH NAME: _____	CASE NUMBER: <div style="font-size: 18pt; font-weight: bold; border: 1px solid black; padding: 2px; display: inline-block;">YOUR COURT CASE NUMBER</div>
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY: _____	(If applicable, provide): HEARING DATE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT DATE, TIME</div> HEARING TIME: <div style="border: 1px solid black; padding: 2px; display: inline-block;">AND DEPARTMENT</div> DEPT.: _____
PROOF OF SERVICE BY MAIL	

NOTICE: To server THIS SECTION IS TO BE COMPLETED BY THE PERSON WHO MAILS A FILED COPY OF YOUR RESPONSE FORMS TO THE OTHER PARTY.

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

ADDRESS OF SERVER (PERSON WHO MAILED A FILED COPY OF YOUR FORMS TO THE OTHER PARTY).
3. I served a copy of the following documents (*specify*):
FILED COPY OF: RESPONSIVE DECLARATION TO REQUEST FOR ORDER

IF YOU COMPLETED FORM FL-311 WRITE:
"CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT"

 by enclosing them in an envelope AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served: **THE OTHER PARTY'S NAME**
 - b. Address: **THE OTHER PARTY'S ADDRESS**
 - c. Date mailed: **DATE SERVER MAILED YOUR FORMS TO THE OTHER PARTY**
 - d. Place of mailing (*city and state*): **CITY AND STATE WHERE THE FORMS WERE PLACED IN THE MAIL**
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE SERVER SIGNS THIS FORM**

SERVER WILL PRINT HIS/HER NAME HERE _____ **SERVER WILL SIGN HIS/HER NAME HERE** _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

