

SAMPLE

REQUEST FOR ORDER, C/V

Rev. 8/2/2012

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

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

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: _____

CHECK HERE IF YOU ARE ASKING TO CHANGE AN ORDER

REQUEST FOR ORDER MODIFICATION Temporary Emergency Court Order

Child Custody Visitation

Child Support Attorney's Fees

CHECK ALL THE BOXES THAT APPLY (specify): _____

- TO (name): **OTHER PARTY'S NAME** (also put their attorney's name if they have one and DCSS if they are in the case)
- 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): **FL-311, FM-1021, others?**

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

(TYPE OR PRINT NAME) (SIGNATURE)

COURT ORDER

- 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.
- Time for service hearing is shortened. Service must be on or before (date): **16 COURT DAYS BEFORE YOUR HEARING DATE**
- Any responsive declaration must be served on or before (date): **9 COURT DAYS BEFORE HEARING DATE**
- The parties are ordered to attend mandatory custody services as follows:

- You are ordered to comply with the Temporary Emergency Court Orders (form FL-305) attached.
 - 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:	

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

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)

IF YOU ARE USING AN ATTACHMENT COMPLETE THIS SECTION.

Holiday Schedule Attachment (form FL-341(C))

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 BY DESCRIBING YOUR CURRENT ORDER.

COMPLETE ITEM 2 IF YOU ARE ASKING FOR VISITATION ORDERS

2. CHILD VISITATION (PARENTING TIME)

To be ordered

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

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

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

(4) 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</div>
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4. SPOUSAL ORDER COMPLETE ITEM 4 IF YOU ARE ASKING FOR SPOUSAL SUPPORT ORDERS

- a. Amount requested (monthly): \$ _____
- b. Terminate existing order (1) filed on (date): _____ (2) ordering (specify): _____
- c. Modify existing order (1) filed on (date): _____
- 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

IF YOU ARE ASKING TO CHANGE AN EXISTING ORDER, CHECK BOX 4C AND FILL IN THE AMOUNT OF YOUR CURRENT SPOUSAL SUPPORT ORDER.

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; text-align: center;">YOUR COURT CASE NUMBER</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*): _____ 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 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 PARENTING TIME 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 PARENTING TIME, EXPLAIN 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.)

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 party to go to Mediation to work out a parenting plan

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: <div style="border: 1px solid black; padding: 5px; display: inline-block;">ASK STAFF TO STAMP</div> MAILING ADDRESS: <div style="border: 1px solid black; padding: 5px; display: inline-block;">CORRECT COURTHOUSE</div> CITY AND ZIP CODE: <div style="border: 1px solid black; padding: 5px; display: inline-block;">ADDRESS HERE.</div> BRANCH NAME: _____	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;">YOUR COURT CASE NUMBER</div> (If applicable, provide): HEARING DATE: <div style="border: 1px solid black; padding: 5px; display: inline-block;">YOUR HEARING DATE,</div> HEARING TIME: <div style="border: 1px solid black; padding: 5px; display: inline-block;">TIME AND DEPT.</div> DEPT.: _____
PETITIONER/PLAINTIFF: <div style="border: 1px solid black; padding: 5px; display: inline-block;">PETITIONER'S NAME</div> RESPONDENT/DEFENDANT: <div style="border: 1px solid black; padding: 5px; display: inline-block;">RESPONDENT'S NAME</div> OTHER PARENT/PARTY: _____	<h3>PROOF OF PERSONAL SERVICE</h3>

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): CHECK IF YOU COMPLETED ONE OF THESE FORMS
 FILED COPIES OF: Request for Order, Child Custody and Visitation Application Attachment,
 blank Responsive Declaration to Request for Order, ADR Options
 Completed and blank Financial Statement (Simplified) Completed and blank Income and Expense Declaration
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

<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 90%;">SERVER WILL PRINT HIS/HER NAME HERE</div>	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 90%;">SERVER WILL SIGN HIS/HER NAME HERE</div>
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)		(SIGNATURE OF PERSON WHO SERVED THE PAPERS)