

SAMPLE

REQUEST FOR ORDER, NO 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

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

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

- 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): FM-1021, other?

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 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:	(if you have one)

CHECK WHICH ONE YOU ARE

REQUEST FOR ORDER AND SUPPORTING DECLARATION

Petitioner Respondent Other Parent/Party requests the following 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)

d. CHECK WITH STAFF IF YOU WANT TO ASK FOR CUSTODY AND/OR VISITATION ORDERS.

- e. Modify existing order
 (1) filed on (date):
 (2) ordering (specify):

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):

c. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one.) The orders are from the following court or courts (specify county and state):

- (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 DATE THE ORDER WAS MADE AND 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; display: inline-block;"> 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) IF YOU ARE ASKING TO CHANGE AN EXISTING ORDER, CHECK BOX 4c
 (2) ordering (date) AND FILL IN THE DATE THE ORDER WAS MADE AND THE AMOUNT OF
 YOUR CURRENT SPOUSAL SUPPORT ORDER.
- d. The Spousal order (1) filed on (date) AND FILL IN THE DATE THE ORDER WAS MADE AND THE AMOUNT OF YOUR CURRENT SPOUSAL SUPPORT ORDER.
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:

Debt	Amount of payment	Pay to

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 (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*): _____ 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.*)

USE THIS SPACE TO EXPLAIN WHY YOU WANT THE ORDERS YOU ARE REQUESTING. IF YOU ARE ASKING THE COURT TO CHANGE EXISTING ORDERS, EXPLAIN WHY THE CHANGE IS NEEDED.

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.)

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 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: _____	CASE NUMBER: _____ <div style="border: 1px solid black; padding: 2px; text-align: center;">YOUR COURT CASE NUMBER</div> (If applicable, provide): HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY: _____	(If applicable, provide): HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF PERSONAL SERVICE	

**ASK STAFF TO STAMP
CORRECT COURTHOUSE
ADDRESS HERE.**

YOUR COURT CASE NUMBER

YOUR HEARING DATE,
TIME AND DEPT.

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: Request for Order, blank Responsive Declaration to Request for Order, ADR Options
 Completed and blank Financial Statement (Simplified) Completed and blank Income and Expense Declaration

CHECK IF YOU COMPLETED ONE OF THESE FORMS.

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)

