	FOR COURT USE ONLY
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VÔŠÔÚPUÞÔÁÐUÍK FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF F = 19 F G=8 9	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
OTHER PARENT/PARTY:	
REQUEST FOR ORDER CHANGE TEMPORARY EMERGENCY ORDERS	CASE NUMBER:
Child Custody Visitation (Parenting Time) Spousal or Partner Support	
Child Support Domestic Violence Order Attorney's Fees and Costs	
Property Control Other (specify):	
NOTICE OF HEARING	
1. TO (name(s)):	
Petitioner Respondent Other Parent/Party Other	(specify):
2. A COURT HEARING WILL BE HELD AS FOLLOWS:	
a Data. Times Dept.	Doom !
a. Date: Time: Dept.:	Room.:
b. Address of court same as noted above other (specify):	
3. WARNING to the person served with the Request for Order: The court may make the request not file a Responsive Declaration to Request for Order (form FL-320), serve a copy on the other before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing information.) (Forms FL-300-INFO and DV-400-INFO provide information about complete.)	r parties at least nine court days aring. (See form FL-320-INFO for
(Forms <u>FL-300-INFO</u> and <u>DV-400-INFO</u> provide information about complet	na mis ionn.i
COURT ORDER	
COURT ORDER It is ordered that: (FOR COURT USE ONLY)	
It is ordered that: (FOR COURT USE ONLY)	<u> </u>
It is ordered that: (FOR COURT USE ONLY) 4. Time for service until the hearing is shortened. Service must be on or	pefore (date):
It is ordered that: (FOR COURT USE ONLY) 4. Time for service until the hearing is shortened. Service must be on or 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or before	pefore (date): e (date):
It is ordered that: (FOR COURT USE ONLY) 4. Time for service until the hearing is shortened. Service must be on or	pefore (date): e (date):
 It is ordered that: (FOR COURT USE ONLY) Time for service until the hearing is shortened. Service must be on or A Responsive Declaration to Request for Order (form FL-320) must be served on or before The parties must attend an appointment for child custody mediation or child custody record 	pefore (date): e (date):
 It is ordered that: (FOR COURT USE ONLY) 4. Time for service until the hearing is shortened. Service must be on or 5. A Responsive Declaration to Request for Order (form FL-320) must be served on or before 6. The parties must attend an appointment for child custody mediation or child custody record 	pefore (date): e (date): nmending counseling as follows
 It is ordered that: (FOR COURT USE ONLY) Time for service until the hearing is shortened. Service must be on or A Responsive Declaration to Request for Order (form FL-320) must be served on or before The parties must attend an appointment for child custody mediation or child custody reconsistency (specify date, time, and location): The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this processerved with all documents filed with this Request for Order. 	pefore (date): e (date): nmending counseling as follows
 It is ordered that: (FOR COURT USE ONLY) Time for service until the hearing is shortened. Service must be on or A Responsive Declaration to Request for Order (form FL-320) must be served on or before The parties must attend an appointment for child custody mediation or child custody reconsistency (specify date, time, and location): The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this process. 	pefore (date): e (date): nmending counseling as follows
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 It is ordered that: (FOR COURT USE ONLY) Time for service until the hearing is shortened. Service must be on or A Responsive Declaration to Request for Order (form FL-320) must be served on or before The parties must attend an appointment for child custody mediation or child custody reconsistency (specify date, time, and location): The orders in Temporary Emergency (Ex Parte) Orders (form FL-305) apply to this processerved with all documents filed with this Request for Order. 	pefore (date): e (date): nmending counseling as follows

FL-300

PETITIONER: RESPONDENT:	CASE NUMBER:	
OTHER PARENT/PARTY:	ST FOR ORDER	
Note: Place a mark X in front of the box that applies to your "Attachment." For example, mark "Attachment 2a" to indicate attached to this form. Then, on a sheet of paper, list each atta your name, case number, and "FL-300" as a title. (You may us	case or to your request. If you need more s that the list of children's names and birth da achment number followed by your request. A	ates continues on a paper At the top of the paper, write
1. RESTRAINING ORDER INFORMATION One or more domestic violence restraining/protective of Petitioner Respondent Other Form The orders are from the following court or courts (special Criminal: County/state (specify): b. Family: County/state (specify): c. Juvenile: County/state (specify): d. Other: County/state (specify):	Parent/Party (Attach a copy of the orders	
CHILD CUSTODY VISITATION (PARENTING TIME) a. I request that the court make orders about the follow		temporary emergency orders
<u>Child's Name</u> <u>Date of Birth</u>	Legal Custody to (person who decides: health, education, etc):	Physical Custody to (person with whom child lives):
b. The orders I request for child custod (1) Specified in the attached forms: Form FL-305 Form F Form FL-341(D) Form F (2) As follows (specify):	, <u> </u>	Attachment 2a. Form FL-341(C) Attachment 2b.
c. The orders that I request are in the best interest of	f the children because (specify):	Attachment 2c.
 d This is a change from the current order for (1) The order for legal or physical current (2) The visitation (parenting time) order 		enting time). The court ordered (specify): The court ordered (specify):
		Attachment 2d.

FL-300

PETITIONER:		(CASE NUMBER:
RESPONDENT: OTHER PARENT/PARTY:			
CHILD SUPPORT (Note: An earnings assignment may a. I request that the court order child Child's name and age	d support as follows:	uest support for each	
b. I want to change a current of the court ordered child support a		ort filed on <i>(date):</i>	Attachment 3a.
a current Financial Statement (St	implified) (form FL-155) b	pecause I meet the re	xpense Declaration (form FL-150) or I filed quirements to file form FL-155.
d. The court should make or change	e the support orders beca	ause (specify):	Attachment 3d.
4. SPOUSAL OR DOMESTIC PARTNE (Note: An Earnings Assignment Order a. Amount requested (month) b. I want the court to The court ordered \$ c. This request is to modify (and I have completed and attact that addresses the same for the court should should make, completed and should make, completed and should make, completed and filed a current that addresses the same for the court should should make, completed and filed a current that addresses the same for the court should should make, completed and filed a current that addresses the same for the court should should make, completed and filed a current that addresses the same for the court should should make, completed and filed a current that addresses the same for the court should should make, completed and should make, completed and should make, completed and should make.	er For Spousal or Partner ly): \$ change end per month change) spousal or partner ched Spousal or Partner actors covered in form Fl ent Income and Expense	the current support of for support. The support after entry support Declaration of L-157. The Declaration (form FL)	order filed on (date): of a judgment. Attachment (form FL-157) or a declaration -150) in support of my request.
PROPERTY CONTROL a. The petitioner respection of the following property to th	oondent other par hat we own or are		I request temporary emergency orders exclusive temporary use, possession, and e or rent (specify):
b. The petitioner respond so the peritioner respond so the periture respond so the peritu	rder is in effect:For:For:For:	Amount: \$ Amount: \$ Amount: \$	Due date: Due date: Due date: Due date: Due date: Due date:
c. This is a change from the c			

	FL-300
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
6. ATTORNEY'S FEES AND COSTS I request attorney's fees and costs, which total (specify amount): \$ a. A current Income and Expense Declaration (form FL-150).	. I filed the following to support my request:
 A Request for Attorney's Fees and Costs Attachment (form FL-319) or in that form. 	
 A Supporting Declaration for Attorney's Fees and Costs Attachment (for factors covered in that form. 	orm FL-158) or a declaration that addresses the
7. DOMESTIC VIOLENCE ORDER	
 Do not use this form to ask for domestic violence restraining orders! F Temporary Restraining Order, for forms and information you need to 	
 Read form DV-400-INFO, How to Change or End a Domestic Violence 	ce Restraining Order for more information.
a. The Restraining Order After Hearing (form DV-130) was filed on (date,):
 b. I request that the court change end the personal of protective orders made in Restraining Order After Hearing (form DV-1). 	conduct, stay-away, move-out orders, or other 30). (If you want to change the orders, complete 7c.)
c. I request that the court make the following changes to the restra	aining orders (specify): Attachment 7c.
d. I want the court to change or end the orders because (specify):	Attachment 7d.
8. OTHER ORDERS REQUESTED (specify):	Attachment 8.
 9. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need: a. To serve the Request for Order no less than (number): b. The hearing date and service of the Request for Order to be c. I need the order because (specify): 	court days before the hearing. e sooner. Attachment 9c.
o. Theed the order because (specify).	Attaoriment oc.
10. FACTS TO SUPPORT the orders I request are listed below. The facts the cannot be longer than 10 pages, unless the court gives me permission.	at I write in support and attach to this request Attachment 10.

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:

Requests for Accommodations

(TYPE OR PRINT NAME)



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). (Civ. Code, § 54.8.)

	FL-490
PETITIONER:	CASE NUMBER:
RESPONDENT: OTHER PARENT/PARTY:	
APPLICATION TO DETE Attachment to <i>Request f</i>	
Child support Spousal or partner suppo	ort
Unreimbursed expensesUnreimbursed medOther (specify):	ical expenses
1. I ask that arrearages be determined in this case.	
 2. I have attached (check all that apply): a. a Declaration of Payment History (FL-420) b. a Payment History Attachment (FL-421) c. Other (specify): 	
b. The children for whom support is to be paid were living v	pport during that period. I am attaching a detailed declaration
 I have previously asked the other parent for payment and previously unreimbursed childcare expense medical experiments that you have made on these bills.) Attorney fees and costs a. Fees b. Costs Income and Expense Declaration (form FL- 150) is attached Facts in support of the relief requested are (specify): contained in the attached declaration. 	nse (Attach copies of all bills being claimed and proof of any
I declare under penalty of perjury under the laws of the State of California.	ornia that the foregoing is true and correct.
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT) Petitioner/Plaintiff Respondent/Defendant Attorney Other (specify):
NOTICE: This form must be attach	ed to Request for Order (FL-300)

ATTORNEY OR PARTY WITHOUT ATTORI		address) or	FOR COURT USE ONLY
GOVERNMENTAL AGENCY (under Family			
TELEPHONE NO.:	FAX NO. (Option	nal):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):			
SUPERIOR COURT OF CAL	IEODNIA COLINTY OF	::E-10EC-80	-
STREET ADDRESS:	.ii Onivia, COOIVI I OI	1 291 329	
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
DECLAR	RATION OF PAYMEN	T HISTORY	CASE NUMBER:
Declaration of (name):			•
-			ned pages showing the amounts ordered and
	and correct for the follow	ing obligations (check all that ap	рріу):
a. Child support b. Spousal support	t e. 🔲 U	ledical support nreimbursed medical expenses	g. Other (specify):
c. Family support		nreimbursed child care expense	es .
Number of pages attached	l:		
I declare under penalty of perju	ury under the laws of the	State of California that the fore	going is true and correct.
Date:			
Date.			
		•	
(TYPE OF	R PRINT NAME)		(SIGNATURE OF DECLARANT)
	SLIPP	ORT ARREARAGE SUMMARY	,
-			
This summary is for arrearage Interest is calculated through (In the attached pages.	
microst is calculated imought (specify date).		
	Principal:	Interest (optional):	Total Arrearage:
CHILD SUPPORT:	\$	\$	\$
SPOUSAL SUPPORT:	\$	\$	\$
FAMILY SUPPORT:	\$	\$ \$	\$ \$
MEDICAL SUPPORT:	\$	\$	\$
UNREIMBURSED MEDICAL EXPENSES:	\$	\$	#
UNREIMBURSED	\$	\$	\$
CHILD CARE EXPENSES: OTHER (specify):	\$	¢	¢
OTTIETT (Specify).	*	rest that is not calculated is no	ψ————— ot waived
Date:	, <u></u>		
Dale.		Submitted by	•
		<u> </u>	
(TYPE O	R PRINT NAME)		(SIGNATURE)

pages, are attached.

PETITIONER	R/PLAINTIFF:				CASE NUMBER:	
RESPONDENT/D	DEFENDANT:					
ОТН	ER PARENT:					
PAYMENT HISTO	ORY FOR (check	one):				
Child	Spousal	☐ Family	Medical	Unreir	nbursed child care	
Unrein		Other (s	pecify):			
	Year		Year		Year	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						
	Year		Year		Year	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

INSTRUCTIONS FOR COMPLETING PAYMENT RECORD

You must complete a separate Payment History Attachment form for each type of support paid. Enter the year, list the amount ordered, and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column to get the yearly totals. Enter the totals at the bottom.

Attach additional sheets and supporting documents (bills, receipts, and other proof of expense) as necessary.

X Child	Year <u>2000</u>				Year	20	01_	
	_	OUNT AMOUNT AMOUNT ORDERED PAID				A	AMOUNT PAID	
January	10	0		0	10	00	10	00
February								0
March								
April			1	00			1	00
May			100					0
June			1	00				
July				0				
August							10	00
September				/			1	00
October			100					0
November								
December								
TOTAL	1,2	00	6	00	1,20	00	4	00

X Spous	al			
		AMOUNT ORDERED		JUNT
January	10	00	(0
February				,
March				
April			10	00
May			100	
June				00
July			()
August				
September				
October			10	00
November				
December				
TOTAL	1,200		60	00

UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:

You must complete a separate Payment History Attachment form for each type of unreimbursed expense. If you have more than one bill, receipt, and other proof of expense per month use an additional declaration page (form MC-031) or separate page. 1.) Itemize each expense; 2.) attach proof of bill or payment; 3.) mark each bill or payment with an Exhibit # ; 4.) group the bills, receipts, and other proof of expense in chronological order for each month; and 5.) enter the total bills, receipts, and other proof of expense for each month. If your court order did not state a specific due date for reimbursement, then include that amount in the month that the expense was incurred.

Year 2001

X Unreimbursed child care expenses X Unreimbursed medical expenses Year 2001

	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February	50% (\$200)	100
March	50% (\$200)	0
April	50% (\$200)	50
May		
June		
July		
August		
September		
October		
November		
December	·	
TOTAL	\$400	150

	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February		
March	50% (\$200)	0
April	50% (\$75)	0
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL	\$237.50	0

Form MC-031	
Petitioner/Plaintiff	CASE NUMBER
Defendant/Respondent	
I request reimbursement for 50% of these expenses, which are supported by copies of bills, receipts, and other proof of expense.	
01/04/01 Dr. Adams	\$45.00 Exhibit A
01/08/01 Dr. Lee, D.D.S.	\$155.00 Exhibit B
02/15/01 AB X-ray Inc.	\$200.00 Exhibit C
04/26/01 Kids Therapy	\$75.00 Exhibit D
02/02 ABC School 50% (03/02 ABC School 50% (\$200) \$200) \$200) \$200)
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)	
Form MC-031 ATTACHED DECLARATION	