

Request for Order Emergency



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

HOW-TO GUIDE

Self-Help Legal Access Centers

Santa Monica	Inglewood	Torrance	Long Beach
1725 Main St., Room 210 Santa Monica, CA 90401	1 East Regent St., Room 107 Inglewood, CA 90301	825 Maple Ave., Room 160 Torrance, CA 90503	275 Magnolia Ave., Room 3101 Long Beach, CA 90802

January 2026

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

Temporary Emergency (Ex Parte) Request For Orders

The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property. If you do not convince the Court that it is an emergency, the Judge may likely tell you to refile an ordinary request for hearing and you will have to start all over again.

YOU WILL NEED TO DO THE FOLLOWING:

- [] Ex Parte (or Emergency Notice) must be given to the other party by telephone notifying them of the time, date, place and what orders that you are asking the court for. This Notice usually must be given by **10 AM the COURT DAY** before you go to the hearing. A Script of what you may consider saying in the phone call to the other side is on the next page.
- [] Complete Form FL 303 which includes a declaration describing how and when you notified the other party (or why you could not give notice) about your request and the hearing. Also, explain how you intend to give (serve) a copy of these documents to the other side.
- [] Describe the emergency and explain in detail in the attached Declaration why you need the temporary emergency orders instead of waiting for a regular hearing.
- [] Complete form FL-305 to serve as your proposed temporary orders for the Judge to sign, if approved.
- [] Complete Form FL-300 and any necessary documents describing what you are asking the court for.
- [] Give a detailed and full explanation your request and why the request is in the best interest of the child(ren) or important to you, your family, property etc.
- [] File the documents before your court's required filling cut off time.
- [] Appear on time for your court hearing.
- [] Convince the court that you should get your orders requested over the likely objection of the other side
- [] Do not bring your child(ren) to Court with you. Their care may distract you or they may distract others which may require the bailiff to remove them from the courtroom. Also, they may hear very emotional or child inappropriate discussions during the hearing. Most courthouses have FREE Child Care for you available.

Use BLACK INK to complete these forms. This guide is to assist you in filling out the necessary forms. This may not be all the forms that you may need based on the individual facts of your case. Seek legal professional guidance before submitting this or any legal document to the court. Blank forms are available in our "Ex Parte Request For Orders Form Packet".

Ex-Parte Notice in a Family Law/Civil Harassment Case

Note: If you are intending to give notice to the other party, you must give notice before 10 a.m. the COURT/BUSINESS DAY before you present your ex parte matter to the court

Script/What to Say: "I am calling to give ex parte notice.

"My name is (YOUR NAME) _____.

On (date) _____ at (time) _____ I am going to Department(s)
_____ of the Courthouse located at _____

(Address of Court House) to file an Ex Parte Application in the CASE of:

(name of petitioner) _____ versus

(name of respondent) _____

(case number): _____

I can be reached at phone number (**Your Telephone number**) _____.

At the hearing I will be seeking the following orders: _____

_____."

Please get the following information:

1. Date and time you called to give notice: _____

2. Name and title of the person you spoke with: _____

3. If the other party said anything after you spoke with them: _____

4. If you get a voicemail, read the entire script on to the message. Note the date/time of any response you get to prove that the other side got the voicemail message.

IMPORTANT FILING INSTRUCTIONS: The Ex Parte (Temporary Emergency Court Orders) must be filed the morning of your Ex Parte hearing before _____.

YOU MUST FILE YOUR PAPER WORK ON TIME WITH THE CLERK.

A COPY OF WHAT WAS FILED NEEDS TO BE GIVEN (SERVED) TO THE OTHER SIDE.

YOU MUST BE ON TIME TO YOUR HEARING.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Print Your Full Name FIRM NAME: STREET ADDRESS: Print Your Street Address CITY: Print Your City STATE: Print Your State ZIP CODE: Print Your Zip Code TELEPHONE NO.: Print Your Phone # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px;"> Names of Petitioner and Respondent must match what was written on Summons. Please refer to FL-210 or FL-110 for this information. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Complete Address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	
DECLARATION REGARDING NOTICE AND SERVICE OF REQUEST FOR TEMPORARY EMERGENCY (EX PARTE) ORDERS	CASE NUMBER: PRINT CASE NUMBER

NOTICE: Do not use this form to ask for domestic violence procedures for requesting temporary emergency orders. Courts may grant temporary emergency orders with or without an emergency hearing. Find local rules at courts.ca.gov/5027.htm.

ARE YOU THE PETITIONER OR THE RESPONDENT? MARK/CHECK THE BOX.

- I am (specify) attorney for petitioner respondent other parent/party not a party in the case (name and title/relationship to party):
 - I did did not give notice (select all that apply):
 - that there will be an emergency court hearing
 - for temporary emergency (ex parte) orders
 - to reschedule a hearing to reschedule a hearing involving temporary emergency (ex parte) orders
- on the date, time, and location indicated below:

Date: Address:

PRINT THE DATE, TIME, DEPARTMENT AND ROOM # OF THE HEARING. REMEMBER THE NOTICE REQUIREMENT, USUALLY THE CALL HAS TO BE MADE BEFORE 10 AM THE COURT DAY BEFORE.

- NOTICE** (If you gave notice, complete item 3a. If you did not give notice, complete item 3b or 3c.)
 - I gave notice as described in items (1) through (5) below:
 - I gave notice to (select all that apply)
 - petitioner.
 - respondent.
 - other parent/party.
 - child's attorney.
 - other (specify):
 - I gave notice on (date):
 - personally
 - by telephone
 - by fax using fax no.:
 - by voicemail using voicemail no.:
 - by electronic means (if permitted) (specify electronic service address of person):
 - by overnight mail or other overnight carrier (specify address of delivery):
 - I gave notice (select one)
 - by 10 a.m. the court date
 - after 10 a.m. the court date (specify):

Select who you called when you gave notice.

Print the date and time you gave notice to the other party. Please note, the notice is usually required to be made before 10 am the court day before you plan on going to court.

Select how you gave notice.

Select whether you gave notice before 10 am or after 10 am the court date before you plan on going to court.

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
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(4) I notified the person in 3a(1) that the following temporary emergency orders are being requested (specify):

Write what temporary emergency orders you said you are requesting when you gave notice to the other party.

(5) The person in 3a(1) responded as follows:

Attachment 3a(5)

Write what the other person said when you gave notice.

(6) I do do not oppose your request. Select if you believe that the other side will come or not come to court for the hearing and oppose your request.

b. **Request for waiver of notice.** Due to exceptional circumstances, I did not give notice about the request for temporary emergency orders. I ask that the court waive notice to the other party to help prevent (specify)

- (1) immediate date and time
 - (2) an immediate date and time
 - (3) immediate location
 - (4) other exceptional circumstances (specify):
- If you did not give notice to the other party, complete this section and explain why.

Facts showing exceptional circumstances in support of the request to waive notice include (specify): Attachment 3b

c. **Unable to provide notice.** I did not give notice about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where this hearing would take place but was unable to do so. The efforts I made to inform the

If you were unable to give notice, check this box and explain why you are were unable to serve the other person.

Attachment 3c

4. **SERVICE OF DOCUMENTS**

a. The following documents were served on

- petitioner petitioner's attorney other parent/party other parent's/party's attorney
- respondent respondent's attorney child's attorney other (specify):

before the request was filed with the court:

- (1) A copy of Request for Orders (form FL-305). Emergency (Ex Parte)
- (2) A copy of a request to If you were able to serve your temporary emergency (ex parte) orders to the other party complete 4(a) and 4(b). Form FL-309). Form FL-306
- (3) A copy of a request to If you did not serve the other party, complete 4(c). and Order on Request
- (4) Other documents (specify):

b. Documents were served on (date)

- personally at (location) p.m.
- by fax on using fax no.:
- by electronic means (if permitted) (specify electronic service address of person served):
- by overnight mail or other overnight carrier (specify address of delivery):

c. Documents were not served on the opposing party due to the exceptional circumstances specified in 3b, above. 3c, above. Attachment 4c.

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

Date: Print Date

Print Your Full Name
(TYPE OR PRINT NAME)

Sign Your Name
(SIGNATURE)

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
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REQUEST FOR ORDER

Note: Place a mark **X** in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. **RESTRAINING ORDER INFORMATION**

One or more domestic If there is a current restraining order in effect between you *(specify):*
 Petitioner and the other party check box (1) and complete information *(orders if you have one.)*
 The orders are from the in this section.

- a. Criminal: Court *(specify):*
- b. Family: County/state *(specify):* Case No. *(if known):*
- c. Juvenile: County/state *(specify):* Case No. *(if known):*
- d. Other: County/state *(specify):*

2. **CHILD CUSTODY**

VISITATION (PARENTING TIME)

If you are requesting child custody and/or visitation orders for minor child(ren) in your case, check these boxes and complete this section.

a. I request that the court make orders about the following children *(specify):*

Child's Name _____ Date of Birth _____ Legal Custody to *(person who decides: health, education, etc):* Physical Custody to *(person with whom child lives):*

Print Each Child(s) Full Name and Date of Birth

For each child, list which parent(s) you want to have legal and physical custody. Please see above for an explanation of difference between physical and legal custody.

b. The orders I request for child custody visitation (parenting time) are:

(1) Specified in the attached forms:

- Form FL-305 Form FL-311 Form FL-312 Form FL-341(C)
- Form FL-341(D) *(specify):*

(2) As follows *(specify):*

Check off box(es) of any additional forms being attached.

Attachment 2a.

Attachment 2b.

c. The orders that I request are in the best interest of the children because *(specify):*

Attachment 2c.

Explain why the order(s) requested in 2 (a) and (b) are in the best interest of the child(ren).

PETITIONER: <u>Print Petitioner's Full Name</u> RESPONDENT: <u>Print Respondent's Full Name</u> OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
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2. d. This is a change from the current order for child custody visitation (parenting time).
 (1) The order for legal or physical custody was filed on (date): . The court ordered (specify):

If your request is a change from a current order, complete this section.

- (2) The visitation (parenting time) order was filed on (date): . The court ordered (specify):

Attachment 2d.

3. CHILD SUPPORT

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

- a. I request that the court order child support as follows:
 Child's name and age I request support for each child Monthly amount (\$) requested
 based on the child support guideline. (if not by guideline)

If you are requesting child support, check this box and complete this section.

Attachment 3a.

- b. I want to change a current court order for child support filed on (date):
 The court ordered child support as follows (specify):

If you are requesting to modify a child support order, explain what the prior court order specified and write the date the child support was filed on.

- c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.
 d. The court should make or change the support orders because (specify): Attachment 3d.

Explain why the order requested in 3 is in the best interest of the child(ren).

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) may be issued.)

- a. Amount requested (monthly): \$
 b. I want the court to change _____ filed on (date):
 The court ordered \$
 c. This request is to modify (change) _____ judgment.
 I have completed and attached *Spousal or Partner Support Declaration* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.
 d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
 e. The court should should make, change, or end the support orders because (specify): Attachment 4e.

If you are requesting spousal support, check this box and complete this section.

Explain why the court should award spousal support in your case.

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARENT/PARTY:	CASE NUMBER: PRINT CASE NUMBER
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5. **PROPERTY CONTROL** I request temporary emergency orders in exclusive temporary use, possession, and use or rent (specify):

a. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

If you want to keep control and/or use of property, check this box and complete this section.

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

c. This is a change from the current order for property control filed on (date):
 d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6. **ATTORNEY'S FEES AND COSTS** I request attorney's fees and costs, which total _____ the following to support my request:

If you are requesting attorney's fees and costs, check this box and complete this section.

a. A current *Income and Expense Declaration*
 b. A *Request for Attorney's Fees and Costs Attachment* that addresses the factors covered in that form.
 c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. **OTHER ORDERS REQUESTED (specify):** Attachment 7.

If you are requesting other order(s) not listed elsewhere on this form, check this box and complete this section.

8. **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
 a. To serve the *Request for Order* no less than (number) _____ court days before the hearing.
 b. The hearing date _____
 c. I need the order because _____ Attachment 8.

Skip this section.

9. **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. Attachment 9.

If you need more room to explain why you requested order(s), check box and explain further here. If you are requesting child custody/visitation order you may use the Declaration included in this packet. If using the Declaration, print "See attached Declaration-Custody and Visitation."

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: Print Date

 Print Your Full Name
(TYPE OR PRINT NAME)

▶ _____
 Sign Your Name
(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). (Civ. Code, § 54.8.)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)	CASE NUMBER: Print Case Number
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CHILD CUSTODY

VISITATION ATTACHMENT

—This is not a court order—

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

This section is for information only and is not a part of your request for orders:

California's public policies and law on child custody and visitation include that:

- In general, children should have frequent and meaningful contact with both parents. Parents should be encouraged to share the responsibility of raising their children in the best interests of the children. If a parent's contact with a child is not in the best interests of the child, the court may limit or deny that parent's contact with a child.
- When making any orders about physical and legal custody (parenting time), the court must consider the best interests of the child, which primarily include the health, safety, and welfare of the child.
- If a parent has been abusive, judges use laws to help protect children when deciding to make orders about child custody and visitation (parenting time). A judge may deny an abusive parent custody or unsupervised visitation with a child.
- Children have the right to be safe and free from abuse.
- A child's exposure to domestic violence and domestic violence committed where a child lives are detrimental to the health, safety, and welfare of the child.
- For more information, read selfhelp.courts.ca.gov/child-custody#best-interest and selfhelp.courts.ca.gov/domestic-violence-child-custody

Check the box that corresponds to the form this is being attached to

Complete items 1 through 13 that apply to your request for orders.

1. Minor Children

Attachment 1.

Child's name	Birthdate	Age
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Print the full name, date of birth and age of each minor child you have with the other parent in the spaces provided.

2. Custody of the minor children is requested as follows: Petitioner Respondent Joint Other Parent/Party

- a. Physical custody of children to.....
(The person with whom the child will regularly live)
- b. Legal custody of children to
(The person who decides about the child's health, education, and welfare)

If you want the court to make decisions on custody, check this box and mark which parent you want to have legal and physical custody of the minor children listed in 1.

Note: To ask the court for joint legal custody orders that specify when the parents must agree before making decisions (for example, before choosing or changing the children's school, doctor, or religious or school activities), use *Joint Legal Custody Attachment* (form [FL-341\(E\)](#)) or a document that includes the same content as form [FL-341\(E\)](#).

To learn about physical custody, see [FL-341\(E\)](#).

- c. There are all
- d. Other (specify).

Check this box and complete item 5 if there are or have been allegations of a history of abuse or substance abuse by either parent in this case.

3. Visitation

- a. Check (a) if you want reasonable visitation. This means that you will be able to work out a visitation schedule with the other parent. This type of order is difficult to enforce by the police because it is not specific. You should be sure that you can agree with the other party when you choose this option.
- b. Check (b) if you have a proposed visitation schedule on another document. Include # of pages and date of document.
- c. Check (c) if you are including a schedule on the next page (item 4).
- d. Check (d) if you want supervised visitation and complete item 6.
- e.

Note: Check (e) if you want no visitation. This means that the other parent never sees the child(ren). If you choose this option, you must explain why in item 13.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; width: 80%; margin: 0 auto;"> Print Case Number </div>
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4. **Petitioner's** **Respondent's** **Other Parent's/Party's** visitation (parenting time) will be (check all that apply):

a. **In person**, as follows: (or After) School (if applicable)

(1) **Weekends starting** (Note: The first **Weekend** **Day(s)** **times** **start of** **after**

1st from _____ at _____ a.m. p.m. start of after
 to _____ at _____ a.m. p.m. start of after

2nd _____ after

3rd _____ after

4th _____ after

5th _____ after

If you want visitation, check this box and also check which parent will get the proposed visitation schedule you are requesting.

Check box (a) if you want specific visitation. This means you set out a specific set of days and times that the other parent would visit with the child(ren). You may request for the other parent to have overnight visits, certain days, and/or weekends. Check which parent will get the proposed visitation schedule you are requesting.

(a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, starting (date):

(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

(2) **Alternate weekends starting** (date):
 (Specify day(s) from _____ at _____ a.m. p.m. start of after
 and times): to _____ at _____ a.m. p.m. start of after

(3) **Weekdays starting** (date):
 (Specify day(s) from _____ at _____ a.m. p.m. start of after
 and times): to _____ at _____ a.m. p.m. start of after

(4) Other visitation (parenting time) days and restrictions are [listed in Attachment 4a\(4\)](#)
 as follows:

b. **Virtual visitation**
 I ask that the court order virtual visitation as described [in Attachment 4b](#) below:
 Virtual visitation may be by video (e.g., Zoom, FaceTime, or a computer) for a parent to observe the child(ren) at [selfhelp.courts.gov](#) [smart watch](#), or [safe virtual visits](#)

Check box (b) if you want virtual visitation and describe the schedule in spaces provided or use a form and title it "Attachment 4b"

c. **Other ways that visitation (parenting time) can happen** that are in the best interests of the child (specify):



PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)

CASE NUMBER:

Print Case Number

5. Child custody and visitation when there are allegations of a history of abuse or substance abuse

a. Allegations

- (1) Petitioner Respondent a history of abuse against any of the following person they live with or are dating or engaged to be married.
- (2) Petitioner Respondent habitual or continual illegal use of controlled substances or habitual or continual abuse of prescribed medications.

Check and complete paragraph #5 if you checked paragraph 2 (c).

In paragraph 5(a), explain which parent you allege to abuse or have a history of substance abuse.

In Paragraph 5(b) in paragraph 5 (b) (1 or 2) and explain your child custody request.

b. Child custody

- (1) I ask that the court NOT order sole or joint custody.
- (2) Even though there are allegations of a history of abuse or substance abuse, I ask that the court order sole or joint custody.

(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted child custody, even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)

Below: Attachment 5b(2) Other (specify):

c. Visitation (Parenting Time)

- (1) I ask that the court order supervised visitation as specified in item 6.
- (2) I ask that the court order unsupervised visitation.

- (A) Even though there are allegations of a history of abuse or substance abuse, I ask that the court order unsupervised visitation.
 - (B) The reasons why the court should order unsupervised visitation are:
(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation, even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)
- Below:

If you are alleging abuse, past or present...

Check c (1) if you want the court to order supervised visitation and specify your schedule in paragraph 6

Check c (2) and complete this section if you want the visits to be unsupervised, even though you are alleging a history of abuse, past or present.

- (3) Other (specify):



Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)

CASE NUMBER:

Print Case Number

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

6. **Supervised visitation (parenting time)**

(To learn about supervised visitation, go to: selfhelp.courts.ca.gov/guide-supervised-visitacion.)

a. I ask that petitioner respondent other parent/party have supervised visitation with the minor children.

b. The reasons why petitioner respondent other parent/party should have supervised visitation with the child.
(Write the reasons why you believe supervised visitation is in the best interests of the child.)
 Below

If you checked Paragraph 3 (d), complete this section about supervised visitation.

c. I ask that the visitation be:

(1) The visitation be supervised by a professional supervisor.
(A) _____

(B) _____

(2) The visitation be supervised by _____
Supervisor

d. Location of supervised visitation:

- (1) In person at a safe location.
- (2) Virtual visitation (not in person).
- (3) Other (describe): _____

e. Schedule for supervised visitation (specify):

- (1) Once a week, for (number of hours for each visit): _____
- (2) Two times each week, for (number of hours for each visit): _____
- (3) As specified in item 4.
- (4) Other (describe): _____

7. **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, day, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles.

b. Transportation to _____

c. Transportation from _____

d. The exchange place is _____

e. The exchange place is _____

f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other (specify): _____

Check this box and complete this section if you want to specify which party will **pick up and drop off** children, and at what specific address. You may also make additional requests regarding transportation in this section.



PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

Print the Names of Petitioner and Respondent Exactly as Written on the Petition (FL-100 or FL-200)

CASE NUMBER:
Print Case Number

- 8. **Travel with children** The must have written permission from the
 - a. the state of California.
 - b. the following counties (*spec*
 - c. other places (*specify*):

Check this box and complete this section if you want to specify which part(ies) will have to complete additional requirements to travel with child(ren).

- 9. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached [form FL-312](#).

- 10. **Child custody mediation**
I request an order for the parties to go to child custody mediation or child custody recommending counseling (*specify date, time, and location, if*

Note: Parents with a
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- 11. **Children's holiday**

Read 9-13 carefully. Check box(es) of any additional order(s) you want. If you intend to or have already filled out a listed form attachment, check the appropriate box and attach that/those additional document(s) behind this page.

41(C)

- 12. **Additional custody provisions.** I request the additional orders for custody set out below [on form FL-341\(D\)](#)

- 13. **Other** (*specify*):

Complete this form if you are requesting child custody and/or visitation orders.

DECLARATION OF FACTS IN SUPPORT OF, APPLICATION FOR EX-PARTE CHILD CUSTODY AND/OR VISITATION

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I, Print Your Full Name, declare as follows:

1. In my dissolution or paternity case,

I am the Petitioner

or

I am the Respondent;

Check whether you are the Petitioner or Respondent



2. The other party and I are parents of the following child(ren):

Full Name and of the minor child(ren)	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print the Full Name, Date of Birth and Age of Each Minor Child you have with the other party.

Check whether you are the mother or father of child(ren) listed in 2.

3. I am the mother father.

4. Currently the child(ren) live with mother father. The child(ren) have lived primarily with that parent since _____.

Check who the child(ren) currently live with and write when they started living with that parent.

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1 5. I believe that this is an emergency situation, and that I should be heard immediately
2 because:

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8 Explain why you believe this is an
9 emergency and you should be heard
10 immediately.
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1 6. I believe that it is in the child(ren)'s best interest to award custody and visitation as I have
2 Requested because:

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7 Explain why you think the orders
8 requested are in the best interest of
9 your child(ren).
10
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1 7. I request that there be **NO** visitation which would be in the interest of the minor child(ren)
2 for the following reasons: _____

3 If you requested NO visitation in FL-311, explain why the choice is
4 in the best interest of the child(ren) here.

6 8. A monitor/supervisor is necessary for the following reasons:
7

8 If you requested monitored/supervised visitation in FL-311, explain
9 why the choice is in the best interest of the child(ren) here. Also,
10 complete rest of this section.

11
12 (A) I request that Print Full Name of Person you want
to serve as visitation monitor. _____ shall serve as the visitation monitor for the
13 following reasons: _____

14 Explain why the person named in (A) should supervise visits.
15

16
17 (B) I request that Print Full Name of Person you do not want
to serve as visitation monitor. _____ shall **NOT** serve as the visitation monitor for
18 the following reasons: _____

19 Explain why the person named in (B) should not supervise visits.
20

21
22 (C) I request mother father pay the fees for any professional

21 Check which
22 parent(s) should
23 pay for a
24 professional
25 monitor of visits.

23 I declare under penalty of perjury under the laws of the State of California that the foregoing is

24 true and correct. Executed Print city where
signing this form _____, California on Print Date _____,

25 Sign Your Name
26 _____

26 Petitioner Respondent

27 Check whether
28 you are Petitioner
or Respondent

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"	FOR COURT USE ONLY
Print Your Name, Address and Phone Number in Spaces Provided	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	
Minor	CASE NUMBER: PRINT CASE NUMBER
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

Please note: Names of petitioner and respondent are always spelled exactly the same as written on the Petition (FL-100 or FL-200)

1. I am (check one): a party to this proceeding to determine custody of a child of a court agency, which is a party to this proceeding.
2. There are (specify number): _____ minor children who are subject to this proceeding.

Print the Number of Minor Child(ren) you have with the other party

Full Name	Date of birth	Place of birth (city and state)
a.	Print the Full Name, Date of Birth and Place of Birth (city and state) of your minor child(ren) with the other party in the spaces provided.	
b.		
c.		
d.		

Check this box if you have need more space and complete form MC-020. Attachment 2, Additional Children at the top provide all requested information for each additional child and attach to this form.)

3. a. Check this box if the child(ren) listed in paragraph 2 have lived together for the past 5 years. (Provide the current address if the child(ren) have lived together for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)	Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present		
From:			

Complete this section and provide information about where the child(ren) have lived for the past 5 years and who they lived with at the time in the spaces provided. You will need time periods, city and state and who the child lived with at the time.

Check this box if you are completing form MC-020 to add more addresses for the child(ren)

- b. Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

Check this box and complete form FL-105(a) if the child(ren) listed in 2 have not all lived together for the past 5 years.

CASE NAME: Print Petitioner's Last Name vs. Respondent's Last Name	CASE NUMBER: PRINT CASE NUMBER
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Is there another custody, visitation, or support case related to any child(ren) in this action.
a. <input type="checkbox"/> Family			<div style="border: 1px solid black; padding: 5px;"> Is there another custody, visitation, or support case related to any child(ren) in this action. </div>
b. <input type="checkbox"/> Probate Guardianship			
c. <input type="checkbox"/> Other			
<div style="border: 1px solid black; padding: 5px;"> If there is a related case this section should be filled out with as much information as you can provide about the related case </div>			
Proceeding	Case number	Court (name, state or tribe, location)	
d. <input type="checkbox"/> Juvenile			
e. <input type="checkbox"/> Adoption			

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	Is there a restraining order related to this action.	Orders expire (date)
a. <input type="checkbox"/> Criminal	<div style="border: 1px solid black; padding: 5px;"> Is there a restraining order related to this action. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> If there is a related restraining order this section should be filled out with as much information as you can provide about the related restraining order </div>	
b. <input type="checkbox"/> Family		
c. <input type="checkbox"/> Juvenile		
d. <input type="checkbox"/> Other		

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person:	b. Name and address of person:	c. Name and address of person:
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights		
Name of each child:		

Answer Y or N, if someone else is claiming to have physical and/or legal custody of any child(ren) in this action. If you answered Yes, complete other information in this section.

7. Number of pages attached: _____
 I declare under penalty of perjury under the laws of the State of California that the information provided in this declaration is true and correct.

Date: **Print Date** _____

_____ **Print Your Full Name** (NAME OF DECLARANT)

_____ **Sign Your Name** (SIGNATURE OF DECLARANT)

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Print Your Full Name FIRM NAME: STREET ADDRESS: CITY: Print Your Complete Address and Phone Number ZIP CODE: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Print "Self-Represented"	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> Complete this form if you are requesting child support, spousal support and/or attorney's fees. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Print "Los Angeles" STREET ADDRESS: Print Court's Complete Address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: PRINT CASE NUMBER

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	<div style="border: 1px solid black; padding: 5px;"> Complete information about your current or last job. </div>
--	--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

a. My age is (specify): _____

b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): _____

c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____

d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____

e. I have: prof _____ voc _____

Fill out the remaining sections (2, 3, and 4) letter by letter. Be sure to enter in any information where it states "(specify)" or "(explain)".

3. **Tax information**

a. I last filed taxes for tax year (specify year): _____

b. My tax filing status is single head of household married, filing separately married, filing jointly with (specify name): _____

c. I file state tax returns in California other (specify state): _____

d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____ This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: Print Date

Print Your Full Name
 (TYPE OR PRINT NAME)

▶ Sign Your Name
 (SIGNATURE OF DECLARANT)

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: PRINT CASE NUMBER
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If there is any income from the following items listed be sure to list what was received last month and what is the average monthly. If you did not receive income from any of these sections be sure to write in a zero. *NOTE: Average month calculation can be done by adding what was earned for the year and dividing it by 12

Take a copy of your latest federal tax (tax return.)

Last 12 months
Last month
Average Monthly

- c. Commissions or bonuses..... \$ _____
- d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving \$ _____
- e. Spousal support from this marriage from a different marriage federally taxable* \$ _____
- f. Partner support from this domestic partnership from a different domestic partnership \$ _____
- g. Pension/retirement fund payments..... \$ _____
- h. Social Security retirement (not SSI)..... \$ _____
- i. Disability: Social Security (not SSI) State disability (SDI) Private insurance \$ _____
- j. Unemployment compensation..... \$ _____
- k. Workers' compensation..... \$ _____
- l. Other (military allowances, royalty payments) (specify): \$ _____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- a. Dividends/interest..... \$ _____
 - b. Rental property income..... \$ _____
 - c. Trust income..... \$ _____
 - d. Other (specify): \$ _____

7. **Income from self-employment, after business expenses for all businesses**..... \$ _____
- I am the owner/sole proprietor business partner other (specify):
- Number of years in this business (specify):
- Name of business (specify):
- Type of business (specify):

Attach a profit and loss statement for the last two years or a Social Security number. If you have more than one business, p

Read to see if these apply and specify or explain

Black out your our businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. **Change in income.** My financial over the last 12 months because (specify):

List any monthly deductions from your paycheck

10. **Deductions**
- a. Required union dues..... \$ _____
 - b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)..... \$ _____
 - c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)..... \$ _____
 - d. Child support that I pay for children from other relationships..... \$ _____
 - e. Spousal support that I pay by court order from a different marriage federally tax deductible* \$ _____
 - f. Partner support that I pay by court order from a different domestic partnership..... \$ _____
 - g. Necessary job-related expenses not reimbursed by my employer (specify on labeled "Question 10g")..... \$ _____

List any assets you may have

11. **Assets**
- a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts..... \$ _____
 - b. Stocks, bonds, and other assets I could easily sell..... \$ _____
 - c. All other property, real and personal (estimate fair market value minus the debts you owe)..... \$ _____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: Print Petitioner's Full Name RESPONDENT: Print Respondent's Full Name OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: PRINT CASE NUMBER
--	--

CHILD SUPPORT INFORMATION
 (NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): _____ 8 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

List # of children if any

What % of time do you spend with your children, and what % of time does the other party spend with the children. *NOTE: If you are unsure about the % you can write out what visitation schedule you currently have in this space.

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____

Do you pay for the children's health insurance? If you answered yes, then fill out the rest of this section. *NOTE: If your child is receiving Medi-Cal you only mark the space "I do not"

- d. The monthly cost for the children's health insurance is or would be (specify): \$ _____
 (Do not include the amount your employer pays.)

18. Additional expense for the children in this case

- | | | |
|---|------------------|--|
| | Amount per month | |
| a. Childcare so I can work or get job training..... | \$ _____ | Do any of these additional month expenses apply? |
| b. Children's health care not covered by insurance..... | \$ _____ | |
| c. Transportation..... | \$ _____ | |
| d. Child's special needs..... | \$ _____ | |

Has there been hardships such as: a stolen car, house fire, medical injury, etc. How much per month, and how many months, will you be paying for the hardship?

19. Special expenses
(attach _____)

- a. Extraordinary health expenses not included in job..... \$ _____ For how many months? _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss)..... \$ _____

- c. Expenses per month for children from other relationships who are from other relationships and _____
 _____ (specify): _____

(3) Child support I receive for those children..... \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

Any additional information the court should know goes here. Some example are: "My parent's cover my expenses", "I have been struggling to pay my bills and I'm in debt", etc.

