

REQUEST FOR ORDER MODIFICATION



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

Forms

Self-Help Legal Access Centers

Santa Monica

1725 Main St.,
Room 210
Santa Monica, CA 90401

Inglewood

1 East Regent St.,
Room 107
Inglewood, CA 90301

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

275 Magnolia Ave.,
Room 3101
Long Beach, CA 90802

Jan. 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.

Please type or print in black ink.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	CASE NUMBER:

Note: Read form [FL-300-INFO](#) for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form [FL-300-INFO](#) and form [DV-300-INFO](#)

NOTICE OF HEARING

1. TO (name): _____
 Petitioner Respondent Other Parent/Party Other (specify):

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

4. Time for service until the hearing is shortened. Service must be on or before (date):
5. A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
6. The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7. The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. Other (specify):

Date: _____ JUDICIAL OFFICER _____

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

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 violence restraining/protective orders are now in effect between *(specify)*:

Petitioner Respondent Other Parent/Party *(Attach a copy of the orders if you have one.)*

The orders are from the following court or courts *(specify county and state)*:

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

2. **CHILD CUSTODY**

I request temporary emergency orders

VISITATION (PARENTING TIME)

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

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to</u> <i>(person who decides: health, education, etc):</i>	<input type="checkbox"/> <u>Physical Custody to</u> <i>(person with whom child lives):</i>
---------------------	----------------------	---	--

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

[Attachment 2a.](#)

(1) Specified in the attached forms:

- Form [FL-305](#) Form [FL-311](#) Form [FL-312](#) Form [FL-341\(C\)](#)
 Form [FL-341\(D\)](#) Form [FL-341\(E\)](#) Other *(specify)*:

(2) As follows *(specify)*:

[Attachment 2b.](#)

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

[Attachment 2c.](#)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

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)*: _____
- (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)

[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)*: _____

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.](#)

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 end the current support order filed on *(date)*: _____
The court ordered \$ _____ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (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 make, change, or end the support orders because *(specify)*: _____ [Attachment 4e.](#)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

5. **PROPERTY CONTROL** I request temporary emergency orders
 a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (*specify*):

b. 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:

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 (*specify amount*): \$ _____ . I filed the following to support my request:

- a. A current *Income and Expense Declaration* (form [FL-150](#)).
- b. A *Request for Attorney's Fees and Costs Attachment* (form [FL-319](#)) or a declaration 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.](#)

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 and service of the *Request for Order* to be sooner.
 c. I need the order because (*specify*): [Attachment 8.](#)

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.](#)

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: _____

(TYPE OR PRINT 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 courts.ca.gov/forms for *Disability Accommodations Request* (form [MC-410](#)). (Civ. Code, § 54.8.)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION 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 continuing contact with their parents, and parents should be encouraged to share the responsibility of raising their children, except when domestic abuse has happened or contact with a parent is not in the best interests of the children.
- When making any orders about physical and legal custody and visitation (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

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

1. **Minor Children** [Attachment 1.](#)

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
---------------------	------------------	------------

2. **Custody** of the minor children is requested as follows:
- | | Petitioner | Respondent | Joint | Other Parent/Party |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Physical custody of children to.....
<i>(The person with whom the child will regularly live)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Legal custody of children to
<i>(The person who decides about the child's health, education, and welfare)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 and legal custody, go to selfhelp.courts.ca.gov/child-custody.

- c. There are allegations of a history of abuse or substance abuse in this case. *(You must complete item 5.)*
d. Other *(specify):*

3. **Visitation (Parenting Time)** I request that the court order *(check one)*:
- a. Reasonable right of visitation (parenting time) to the party in item 2a without physical custody, including but not limited to, virtual visitation. **(Not appropriate in cases involving domestic violence and substance abuse).**
 - b. Visitation (parenting time) as described in the attached _____-page document dated *(specify date)*:
 - c. The visitation schedule in item 4 that includes in-person, virtual, other visitation.
 - d. Supervised visitation. *(You must complete item 6.)*
 - e. No visitation (parenting time) to the person without physical custody for the reasons described in item 13.

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

4. **Petitioner's** **Respondent's** **Other Parent's/Party's** visitation (parenting time) will be (check all that apply):
 a. **In person**, as follows (Specify start and ending date and time. If applicable, check "start of" OR "after school"):

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

(Note: The first weekend of the month is the first weekend with a Saturday.)

<u>Weekend</u>	<u>Day(s)</u>	<u>Times</u>	<u>Start of (or After) School (if applicable)</u>	
<input type="checkbox"/> 1st	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 2nd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 3rd	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 4th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
<input type="checkbox"/> 5th	from _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after
	to _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of	<input type="checkbox"/> after

(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 means using audiovisual electronic technology (like a smartphone, tablet, smart watch, or computer) for a parent and a child to see and hear each other. Learn more about how to have safe virtual visits at selfhelp.courts.ca.gov/child-custody/virtual-visitatioin.

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



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

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

a. **Allegations**

- (1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

b. **Child custody**

- (1) I ask that the court NOT order sole or joint custody of the minor child to the party or parties in 5a.
- (2) Even though there are allegations, I ask that the court make the child custody orders in item 4.
(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 to the party or parties as specified in item 4.
- (A) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): petitioner respondent other parent/party.
- (B) The reasons why the court should make the orders 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 (parenting time) 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: [In Attachment 5c\(2\)\(B\)](#) Other (specify):

(3) Other (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

8. **Travel with children** The petitioner respondent other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of
- a. the state of California.
 - b. the following counties (*specify*):
 - c. other places (*specify*):

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 applicable*):

Note: Parents with a family court case who do not agree about child custody or visitation are required to attend mediation to try to develop a parenting plan that is in the best interest of their child. A party who alleges domestic violence in a written declaration under penalty of perjury or who is protected by a protective order may ask the mediator or child custody recommending counselor to meet with the parties separately and at separate times. A court order for separate sessions is not required.

11. **Children's holiday schedule.** I request the holiday and vacation schedule set out below [on form FL-341\(C\)](#)

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

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

1 **DECLARATION OF FACTS IN SUPPORT OF, OR IN REPOSE TO, MODIFICATION**
2 **FOR CHILD CUSTODY AND/OR VISITATION ORDERS**

3 I, _____, declare as follows:

4 1. In my dissolution or paternity case,

5 I am the Petitioner

6 Or

7 I am the Respondent

8
9 2. This proceeding is to modify the current Custody and Visitation Order or Judgment dated:

10 _____ A copy of this current Order or Judgment is Attachment "1".

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

12 Full name of the minor child(ren)	Date of Birth	Age
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____

20 4. I am the mother father.

21 5. The child(ren) have lived primarily with that parent since _____.

22 //

23 //

24 //

25 //

26 //

1 6. Since the last order, the following things about the custody or visitation order have changed a
2 lot: _____
3

4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

1 8. I request that there be NO visitation which would be in the best interest of the minor child(ren)
2 for the following reasons: _____
3

4 _____
5 _____
6 _____
7 9. A monitor/supervisor is necessary for the following reasons: _____
8

9 _____
10 _____
11 _____
12 (A) I request that _____ shall serve as the visitation monitor for the
13 following reasons: _____
14

15 _____
16 (B) I request that _____ shall NOT serve as the visitation monitor
17 for the following reasons: _____
18

19 _____
20 _____
21 (C) I request that mother father pay the fees for any professional monitor.
22

23 I declare under penalty of perjury under the laws of the State of California that the foregoing is
24 true and correct. Executed at _____, California on _____, 20____.

25 _____
26 Petitioner Respondent

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):	
Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	
CASE NUMBER:	

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): _____ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, 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 there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history 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	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			

Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

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.)

CASE NAME:	CASE NUMBER:
------------	--------------

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 <i>(name, state or tribe, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state or tribe, location)</i>
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	County	State or Tribe	Case Number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
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: <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	b. Name and address of person: <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	c. Name and address of person: <div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
---	---	---

7. Number of pages attached: _____

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

Date: _____

 (NAME OF DECLARANT)

 (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: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	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) per month per week per hour.

(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: professional/occupational license(s) (specify): _____
 vocational training (specify): _____

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: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$ _____	\$ _____
b. Overtime (gross, before taxes).....	\$ _____	\$ _____
c. Commissions or bonuses.....	\$ _____	\$ _____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	\$ _____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$ _____	\$ _____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	\$ _____
g. Pension/retirement fund payments.....	\$ _____	\$ _____
h. Social Security retirement (not SSI).....	\$ _____	\$ _____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> 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 Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your 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 situation has changed significantly over the last 12 months because (specify): _____

10. Deductions

	Last month
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 <input type="checkbox"/> 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 (attach explanation labeled "Question 10g").....	\$ _____

11. Assets

	Total
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, <input type="checkbox"/> real and <input type="checkbox"/> 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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ If mortgage: (a) average principal: \$ _____ (b) average interest: \$ _____ (2) Real property taxes..... \$ _____ (3) Homeowner's or renter's insurance (if not included above)..... \$ _____ (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ c. Child care..... \$ _____ d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ _____ g. Telephone, cell phone, and e-mail..... \$ _____	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ n. Savings and investments..... \$ _____ o. Charitable contributions..... \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____ q. Other (specify): \$ _____ r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ s. Amount of expenses paid by others \$ _____
--	---

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	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)*: _____ children under the age of 18 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.)

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: _____

- 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.....	\$ _____
b. Children's health care not covered by insurance.....	\$ _____
c. Travel expenses for visitation.....	\$ _____
d. Children's educational or other special needs <i>(specify below)</i>	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.....	\$ _____	_____
b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i>	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me.....	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> :		
(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)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

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

3. I served a copy of the following documents (*specify*) :

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:

- c. Date mailed:
- d. Place of mailing (*city and state*):

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

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

Date:

_____ _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

• **If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

1. The local child support agency must be served not less than 30 days before the hearing date.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

• **If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:**

1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

• **If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**

STOP

DO NOT WRITE ON THE REST OF THE
FORMS.

THEY ARE FOR THE OTHER PERSON!



ALTO

NO ESCRIBA EN EL RESTO DE LAS
FORMAS. SON PARA LA OTRA
PERSONA

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	
HEARING DATE: TIME: DEPARTMENT OR ROOM:	CASE NUMBER:

Read *Information Sheet: Responsive Declaration to Request for Order* (form [FL-320-INFO](#)) for more information about this form.

1. **RESTRAINING ORDER INFORMATION**
 - a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.

2. **CHILD CUSTODY**
 VISITATION (PARENTING TIME)
 - a. I consent to the order requested for child custody (legal and physical custody).
 - b. I consent to the order requested for visitation (parenting time).
 - c. I do not consent to the order requested for child custody visitation (parenting time)
 but I consent to the following order:

3. **CHILD SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* (form [FL-150](#)) or, if eligible, a current *Financial Statement (Simplified)* (form [FL-155](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I consent to guideline support.
 - d. I do not consent to the order requested but I consent to the following order:

4. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* (form [FL-150](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I do not consent to the order requested but I consent to the following order:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

5. PROPERTY CONTROL

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

6. ATTORNEY'S FEES AND COSTS

- a. I have completed and filed a current *Income and Expense Declaration* (form [FL-150](#)) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* (form [FL-158](#)) or a declaration that addresses the factors covered in that form.
- c. I consent to the order requested.
- d. I do not consent to the order requested but I consent to the following order:

7. OTHER ORDERS REQUESTED

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

8. TIME FOR SERVICE / TIME UNTIL HEARING

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

9. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. [Attachment 9.](#)

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:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

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

3. I served a copy of the following documents *(specify)* :

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:

- c. Date mailed:
- d. Place of mailing *(city and state):*

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*

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

Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)