HOW TO GET OR CHANGE ORDERS FOR CHILD SUPPORT, SPOUSAL SUPPORT, CUSTODY, VISITATION REQUEST FOR ORDER

YOU MUST FIRST HAVE AN EXISTING CASE – A DISSOLUTION, LEGAL SEPARATION, NULLITY, PARENTAGE OR A CHILD SUPPORT CASE WITH THE DEPARTMENT OF CHILD SUPPORT SERVICES

1. <u>COMPLETE THE FORMS (Type or print in black ink)</u>

- IN ALL CASES
 - Request for Order
- IF CHILD SUPPORT, SPOUSAL SUPPORT, OR ATTORNEY FEES, add
 - Income & Expense Declaration or
 - Financial Statement- Simplified
- IF EMERGENCY ORDERS ARE REQUESTED, add
 - Temporary Orders
 - Declaration re Ex Parte Notice

2. MAKE COPIES

You will need to make two more copies of each form, front and back. If the Department of Child Support Services is involved, you need three copies, not two.

3. FILE THE PAPERS

Visit the court's homepage and click on the "Schedule an Appointment" button to schedule an appointment for filing. On the date and time of your scheduled appointment take the original and one copy to the Clerk's Office, in Ventura, Room 208. the originals and copies to the Clerk's Office, in Ventura, Room 208. You will have to pay a filing fee. If you are the Respondent or Claimant and this is the first paper you have filed, you will also have to pay the original filing fee. The Fee Schedule may be obtained from the Clerk. If you cannot afford the fee, you may be able to have that fee "waived". You will need to complete the FEE WAIVER PACKET. The clerk will keep the originals and return the copies to you, stamped to show that they have been "filed". The filed document will also include your court date. One copy is for you. The others must be "served" on the other party or parties.

4. <u>"SERVE' THE PAPERS</u>

"Service" means that someone other than you, over the age of 18, must personally deliver or mail a copy of the filed papers to the other party or parties. Remember that the Department of Child Support Services is considered a party. Personal Service must be completed at least 16 court days prior to the hearing date. If serving by mail, add 5 additional days prior to the hearing. You must also have served on the other party a package of blank forms so that they can file their Response. Those blank forms are at the back of the Forms packet.

5. FILE THE PROOF OF SERVICE

The person who "serves" the papers must complete and sign a "Proof of Service" for each party who had been served. Each "Proof of Service" must then be filed with the court.

IF YOU ARE ASKING FOR CUSTODY OR VISITATION ORDERS IN AN EXISTING DEPARTMENT OF CHILD SUPPORT SERVICES CASE YOU MAY NEED TO TAKE ADDITIONAL STEPS TO "JOIN" THE OTHER PARENT IN THE CASE. YOU CAN SEE IF THIS IS NECESSARY AT ANY OF THE FAMILY LAW SELF-HELP CENTERS.

HOW TO GET EMERGENCY ORDERS

You may ask for emergency orders if you feel you are in danger (restraining orders) or if you need emergency custody orders to protect the minor children. See Local Rules on reverse of this form.

Follow these steps to request emergency orders:

1. <u>COMPLETE THE FORMS:</u> You may obtain the forms from the Clerk's Office, Family Law Facilitator, the Court Website at <u>www.ventura.courts.ca.gov</u> or the Judicial Council Website at <u>www.courtinfo.gov</u>.

2. <u>PICK A DATE AND TIME FOR YOUR HEARING</u>: See the schedule on reverse.

3. <u>GIVE NOTICE TO THE OTHER PARTY:</u> You must tell the other party that you are filing for this Emergency Hearing by 10 a.m. the *court day* before the hearing. In some cases, you may not have to give notice – ask the Family Law Facilitator or an attorney if you believe you would be in danger if you told the other party about this request.

NOTICE: If there is a restraining order issued against you in this case. you may not give notice. Someone else must give notice.

4. <u>FILE YOUR PAPERS</u>: Be sure to file your papers with the Clerk's Office no later than outlined in the Family Law Procedures for Ex Parte Requests located on the Court's website. If possible, file your papers the day before the hearing to allow the judge time to read your papers. If the papers are not filed on time, your case will not be heard.

5. <u>ATTEND THE HEARING:</u> If the judge grants your request, you will file the signed temporary order and have the other party served with the filed papers and the order. These emergency orders are made for only a short period of time. You will need to come back to court in about 3 weeks or your orders may expire.

6. <u>SERVE THE PAPERS AND ORDER ON THE OTHER PARTY</u>: Someone other than you must give these papers and the order to the other party. Whoever does this must sign a paper called a Proof of Service verifying that the papers were given to the other party personally. You may ask the Sheriff's Department to serve the papers. There may be a cost to do this.

7. <u>FILE THE PROOF OF SERVICE WITH THE COURT</u>: If you have not served the other party or do not have proof that the other party was served, the judge will not hear your case. Your case will be continued so that the papers can be served.

8. <u>ATTEND THE SECOND HEARING:</u> You should have an order prepared for the judge to sign.

If you are low income or receive public assistance benefits, you may ask for a fee waiver so you do not have to pay any filing fees. (For Domestic Violence cases there is no fee)

$\rightarrow \rightarrow \rightarrow$ IMPORTANT!!! PLEASE READ THESE LOCAL RULES

Local Rule 9.04 Family Law Ex Parte Matters

A. EMERGENCY ORDER APPLICATIONS DISFAVORED

Emergency Orders applications are strongly disfavored. Whenever possible, in lieu of an emergency order, the court will issue orders shortening time and set the matter for full hearing at the regular family law and motion calendar. However, orders shortening time are also disfavored, and must be supported by a substantial showing of need.

B. DETERMINATION BASED ON PLEADINGS

It is the court's policy to determine emergency orders based on the pleadings submitted. Thus, requests for emergency orders normally will be determined without giving either party an opportunity for oral argument or discussion with the court.

California Rule of Court 5.151 (d) (5) Contents of Application and Declaration

D. APPLICATIONS REGARDING CHILD CUSTODY OR VISITATION (PARENTING TIME) Applications for emergency orders granting or modifying child custody or visitation (parenting time) under Family Code section 3064 must: (A) Provide a full, detailed description of the most recent incidents showing i) Immediate harm to the child as defined in Family Code Section 3064(b) or ii) Immediate risk that the child will be removed from the State of California, (B) Specify the date of each incident described in (A), (C) Advise the court of the existing custody and visitation arrangements and how they would be changed by this emergency request, (D) Include a copy of the current custody orders, if they are available. If no orders exist, explain where and with whom the child is currently living and (E) include a completed UCCJEA (FL-105) if one has not been previously filed or if information has changed since previously filed.

HOW TO GET A DATE FOR YOUR HEARING:

Emergency requests are heard Monday through Friday at 11:30 a.m. for cases assigned to Courtrooms 31, 32, 33 and 35. You must call the secretary to make an appointment:

- ▶ If your case is assigned to Courtroom 31, 32 or 35 call 289-8762
- If your case is assigned to Courtroom 33 call 289-8772

For Domestic Violence, Harassment, Workplace Violence and Gun Violence restraining orders, or if your case is assigned to Courtroom 34, you do not need to make an appointment. Your case will be heard Monday through Friday at 1:30 p.m. in Courtroom 34. Exception: A Domestic Violence request filed in an existing Family Law case will be assigned to and heard in the courtroom of the Judicial Officer assigned to hear the existing case.

For Elder/Dependant Adult Abuse restraining orders you do not need to make an appointment. Your case will be heard Monday through Friday at 11:30 a.m. in Courtroom 32.

Revised 12/28/21

	FL-300		
PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY		
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY: STATE: ZIP CODE:			
TELEPHONE NO.: FAX NO.:			
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
	-		
PETITIONER:			
RESPONDENT:			
OTHER PARENT/PARTY:			
REQUEST FOR ORDER CHANGE TEMPORARY EMERGENCY ORDERS	CASE NUMBER:		
Child Custody Visitation (Parenting Time) Spousal or Partner Support			
Child Support Domestic Violence Order Attorney's Fees and Costs			
Property Control Other (specify):			
1. TO (name(s)):			
Petitioner Respondent Other Parent/Party Other	(specify):		
2. A COURT HEARING WILL BE HELD AS FOLLOWS:			
a. Date: Time: Dept.:	Room.:		
b. Address of court same as noted above other (specify):			
3. WARNING to the person served with the Request for Order: The court may make the 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.) (Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)			
COURT ORDER			
It is ordered that: (FOR COURT USE ONLY)			
4. Time for service until the hearing is shortened. Service must be on or	before <i>(date):</i>		
5. A Responsive Declaration to Request for Order (form FL-320) must be served on or befor	e (date):		
6. The parties must attend an appointment for child custody mediation or child custody recor (specify date, time, and location):	nmenaing counseling as follows		
7. The orders in <i>Temporary Emergency (Ex Parte) Orders</i> (form FL-305) apply to this proceed served with all documents filed with this <i>Request for Order</i> .	eding and must be personally		
8. Other (specify):			

Date:

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	
REQUEST FOR ORDER	
Note: Place a mark X in front of the box that applies to your case or to your request. If "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's na attached to this form. Then, on a sheet of paper, list each attachment number followed b your name, case number, and "FL-300" as a title. (You may use <i>Attached Declaration</i> (for	mes and birth dates continues on a paper y your request. At the top of the paper, write
The orders are from the following court or courts (specify county and state):	etween (specify): opy of the orders if you have one.) e No. (if known):
	No. (if known):
	No. (if known):
	No. (if known):
CHILD CUSTODY VISITATION (PARENTING TIME) a. I request that the court make orders about the following children (specify): Child's Name Date of Birth Legal Custody to (perturbed)	
 b. The orders I request for child custody visitation (parent (1) Specified in the attached forms: Form FL-305 Form FL-311 Form FL-311 Form FL-341(D) Form FL-341(E) Other (3) (2) As follows (specify): 	
c. The orders that I request are in the best interest of the children because (spe	ecify): <u>Attachment 2c.</u>
 d. This is a change from the current order for child custody (1) The order for legal or physical custody was filed on <i>(date)</i>:] visitation (parenting time). . The court ordered <i>(specify):</i>
(2) The visitation (parenting time) order was filed on <i>(date)</i> :	. The court ordered (specify):
	Attachment 2d.

FL-300

0	THER	PETITIONER: RESPONDENT: PARENT/PARTY:	CASE NUMBER:
3.		CHILD SUPPORT (Note: An earnings assignment may be issued. See <i>Income Withholding for Supp</i> a. I request that the court order child support as follows: <u>Child's name and age</u> I request support for eac based on the child support	
		 I want to change a current court order for child support filed on (date): The court ordered child support as follows (specify): 	Attachment 3a.
		c. I have completed and filed with this <i>Request for Order</i> a current <i>Income and I</i> a current <i>Financial Statement (Simplified)</i> (form FL-155) because I meet the r	
		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-4 a. Amount requested (monthly): \$ b. I want the court to Change end the current support The court ordered per month for support. c. This request is to modify (change) spousal or partner support after entre I have completed and attached Spousal or Partner Support Declaration that addresses the same factors covered in form FL-157. d. I have completed and filed a current Income and Expense Declaration (form fe. The court should should make, change, or end the support orders because (see the court should should make). 	order filed on <i>(date):</i> y of a judgment. <i>Attachment</i> (form FL-157) or a declaration FL-150) in support of my request.
5.			I request temporary emergency orders n exclusive temporary use, possession, and se or rent <i>(specify):</i>
		and liens coming due while the order is in effect: Pay to: Amount: \$	Due date:
		Pay to: For: Amount: 9	
		 c. This is a change from the current order for property control filed on <i>(data)</i> d. Specify in <u>Attachment 5d</u> the reasons why the court should make or change to the reasons why the court sho	e):

	FL-300
PETITIONER:	CASE NUMBER:
RESPONDENT: OTHER PARENT/PARTY:	
 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).	. Thick the following to support my request.
b. A Request for Attorney's Fees and Costs Attachment (form FL-319) or a	declaration that addresses the factors covered
in that form.	
 A Supporting Declaration for Attorney's Fees and Costs Attachment (forr factors covered in that form. 	n FL-158) or a declaration that addresses the
7. DOMESTIC VIOLENCE ORDER	
Do not use this form to ask for domestic violence restraining orders! Rea Temporary Restraining Order, for forms and information you need to as	
 Read form DV-400-INFO, How to Change or End a Domestic Violence 	Restraining Order for more information.
a. The Restraining Order After Hearing (form DV-130) was filed on (date):	
 I request that the court change end the personal conc protective orders made in <i>Restraining Order After Hearing</i> (form DV-130) 	duct, stay-away, move-out orders, or other). (<i>If you want to change the orders, complete 7c.)</i>
c. I request that the court make the following changes to the restraini	ng orders (specify): <u>Attachment 7c.</u>
d. I want the court to change or end the orders because (<i>specify</i>):	Attachment 7d.
Q. I want the court to change of end the orders because (specify).	Automont Pu.
8. OTHER ORDERS REQUESTED (specify):	Attachment 8.
9. TIME FOR SERVICE / TIME UNTIL HEARING urgently need:	and always to show the state of a
 a. To serve the <i>Request for Order</i> no less than (<i>number</i>): co b. The hearing date and service of the the <i>Request for Order</i> to be service of the the <i>Request for Order</i>. 	urt days before the hearing.
 c. I need the order because (specify): 	Attachment 9c.
10. 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 10.
I declare under penalty of perjury under the laws of the State of California that the info	rmation provided in this form and all attachments
i decide under penalty of perjury under the laws of the state of Salitonnia that the initia	induon provided in this form and all allacititerits

is true and correct.

Date:

	(TYPE OR PRINT NAME)	
		(SIGNATURE OF APPLICANT)
ß	you ask at least five days before the proc	sisted real-time captioning, or sign language interpreter services are available if eeding. Contact the clerk's office or go to <i>www.courts.ca.gov/forms</i> for <i>Request</i> sabilities and <i>Response</i> (form MC-410). (Civ. Code, § 54.8.)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: CASE NUMBER:

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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 DECLARANT)	
	Attorney for Plaintiff Petitioner Respondent Other (Specify):	Defendant

FOR COURT USE ONLY

	CASE NUMBER:			
		FAMILY COURT SERVICES INTAKE QUESTIONNAIR	E	
1. Pre	evious Mediation		YES	NO

IN THE MATTER OF: _____

Signature of Respondent or Attorney for Respondent

Date

*Family Code Section 3181(b) states; "If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times." THIS FORM TO REMAIN CONFIDENTIAL (Family Code §3177)

		FL-150
PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY: TELEPHONE NO.:	STATE: ZIP CODE: FAX NO.:	
E-MAIL ADDRESS:	FAX NO	
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNT	X OF	
STREET ADDRESS:	T OF	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPI	ENSE DECLARATION	CASE NUMBER:
1. Employment (Give information on your	r current job or, if you're unemployed, y	our most recent job.)
Attach copies a. Employer:		
of your pay b. Employer's address:		
stubs for last c. Employer's phone num	iber:	
two months d. Occupation:		
(black out e. Date job started:		
Social f. If unemployed, date jol		
Security g. I work about hours per week.		
numbers). h. I get paid \$	gross (before taxes) per moi	nth per week per hour.
(If you have more than one job, attach a jobs. Write "Question 1—Other Jobs" at		I list the same information as above for your other
2. Age and education		
a. My age is <i>(specify):</i>		
b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):		
c. Number of years of college completed (<i>specify</i>):		
d. Number of years of graduate school completed (<i>specify</i>): Degree(s) obtained (<i>specify</i>):		
e. I have: professional/occupational license(s) (specify):		
	opeony).	
3. Tax information		
a. I last filed taxes for tax year (
b. My tax filing status is sing		_ married, filing separately
married, filing jointly with (spe		
c. I file state tax returns in Ca	alifornia other (specify state)	: :
d. I claim the following number of exer	nptions (including myself) on my taxes	(specify):
4. Other party's income. I estimate the g	ross monthly income (before taxes) of t	the other party in this case at <i>(specify):</i> \$
This estimate is based on (explain):		
(If you need more space to answer any or question number before your answer.)		/2-by-11-inch sheet of paper and write the
I declare under penalty of perjury under the any attachments is true and correct.	laws of the State of California that the	information contained on all pages of this form and
Deter		
Date:		
Dale.	•	

	FL-150
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

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.)

 a. Dividends/interest b. Rental property income c. Trust income	\$ \$ currently receiving \$ currently receiving \$ ent marriage federally taxable* from a different domestic partnership \$ \$ \$	nth monthly
 c. Commissions or bonuses	currently receiving \$	
 d. Public assistance (for example: TANF, SSI, GA/GR) e. Spousal support ifrom this marriage ifrom a differ f. Partner support ifrom this domestic partnership g. Pension/retirement fund payments	currently receiving \$\$	
 e. Spousal support inform this marriage inform a differ f. Partner support inform this domestic partnership inform a differ g. Pension/retirement fund payments. h. Social Security retirement (not SSI). i. Disability: Social Security (not SSI) information State disation. j. Unemployment compensation. k. Workers' compensation. j. Other (military allowances, royalty payments) (specify): 6. Investment income (Attach a schedule showing gross receipts in a. Dividends/interest. b. Rental property income. c. Trust income. d. Other (specify): 7. Income from self-employment, after business expenses for a l am the inform owner/sole proprietor business partne. Number of years in this business (specify): Name of business (specify): Attach a profit and loss statement for the last two years or a paint in the information.	rent marriage federally taxable* \$	
 f. Partner support from this domestic partnership g. Pension/retirement fund payments	rent marriage federally taxable* \$ from a different domestic partnership \$ \$ \$ btilts (ODI)	
 g. Pension/retirement fund payments	from a different domestic partnership \$\$\$	
 h. Social Security retirement (not SSI)	\$\$	
 i. Disability: Social Security (not SSI) State disate di	\$\$	
 j. Unemployment compensation		
 k. Workers' compensation		
 <i>I.</i> Other (military allowances, royalty payments) (specify): Investment income (Attach a schedule showing gross receipts a. Dividends/interest	¢	
 6. Investment income (Attach a schedule showing gross receipts a. Dividends/interest		
 a. Dividends/interest b. Rental property income c. Trust income	\$	
 a. Dividends/interest b. Rental property income c. Trust income	less cash expenses for each niece of property)	
 b. Rental property income		
 c. Trust income		
 d. Other (specify): 7. Income from self-employment, after business expenses for a l am the owner/sole proprietor business partine. Number of years in this business (specify): Name of business (specify): Name of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a statement for the la		
 7. Income from self-employment, after business expenses for a l am the owner/sole proprietor business partne Number of years in this business (<i>specify</i>): Name of business (<i>specify</i>): Type of business (<i>specify</i>): Attach a profit and loss statement for the last two years or a statem	s	
I am the owner/sole proprietor business partn Number of years in this business (<i>specify</i>): Name of business (<i>specify</i>): Type of business (<i>specify</i>): Attach a profit and loss statement for the last two years or a	¥	
Number of years in this business (<i>specify</i>): Name of business (<i>specify</i>): Type of business (<i>specify</i>): Attach a profit and loss statement for the last two years or a	all businesses\$	
Social Security number. If you have more than one business	Schedule C from your last federal tax return. B s, provide the information above for each of you	
 Additional income. I received one-time money (lottery wir amount): 	nnings, inheritance, etc.) in the last 12 months <i>(spe</i>	cify source and
9. Change in income. My financial situation has changed sig	nificantly over the last 12 months because (specify	<i>):</i>
10. Deductions		Last month
a. Required union dues		
b. Required retirement payments (not Social Security, FICA, 40	1(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiur	ns (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 ma	rriage federally tax deductible*	\$
f. Partner support that I pay by court order from a different dom		
g. Necessary job-related expenses not reimbursed by my emplo		
11. Assets		-
a. Cash and checking accounts, savings, credit union, money m	parket and other deposit accounts	Total \$
		¥
c. All other property, real and personal (es	stimate 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.

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

12. The following people live with me:

Ν	lame	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of household e	
a b c d e					Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
3. A	verage monthly expenses	stimated e	expenses Actua	al expenses Propos	ed needs	
a.	Home:		h. La	aundry and cleaning		\$
	(1) Rent or mortgag	Je \$	i. Cl	othes		\$
	If mortgage:		j. Ec	lucation		\$
	(a) average principal: \$		k. Er	ntertainment, gifts, and vacatio	n	\$
	(b) average interest: \$			uto expenses and transportation		•
	(2) Real property taxes	\$		isurance, gas, repairs, bus, et	-	\$
	(3) Homeowner's or renter's insurance			surance (life, accident, etc.; do		٩
	(if not included above)			ito, home, or health insurance)		
	(4) Maintenance and repair			avings and investments		
b.	Health-care costs not paid by insuran	ce \$	-	haritable contributions		Ψ
C.	Child care	\$		onthly payments listed in item emize below in 14 and insert to		\$
d.	Groceries and household supplies	\$				\$
e.	Eating out	\$	_			•
f.	Utilities (gas, electric, water, trash)		th	DTAL EXPENSES (a–q) (do n e amounts in a(1)(a) and (b))	ot add in	\$
g.	Telephone, cell phone, and e-mail	\$	s. Ar	mount of expenses paid by o	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:

(SIGNATURE OF DECLARANT)

CASE NUMBER:

OTHER PARTY/PARENT/CLAIMANT:

CHILD SUPPORT INFORMATION

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 no	t covered by insurance	\$
c. Travel expenses for visit	ation	\$
d. Children's educational o	r other special needs (specify below):	\$

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	\$	
Major losses not covered by insurance (examples: fire, theft, other insured loss).	\$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
(2) Names and ages of those children (specify):		

(3) Child support I receive for those children\$	
The expenses listed in a. b. and c create an extreme financial hardship because (expla	ain):

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

		FL-155				
Y	our name and address or attorney's name and address: TELEPHONE NO	: FOR COURT USE ONLY				
\vdash						
	TORNEY FOR (Name):					
_	SUPERIOR COURT OF CALIFORNIA, COUNTY OF					
	STREET ADDRESS:					
	MAILING ADDRESS:					
	CITY AND ZIP CODE:					
	BRANCH NAME:					
	PETITIONER/PLAINTIFF:					
	RESPONDENT/DEFENDANT:					
	OTHER PARENT:					
	FINANCIAL STATEMENT (SIMPLIFIED)	CASE NUMBER:				
	NOTICE: Read page 2 to find out if you qualify to use this for	prm and how to use it.				
1.	a. My only source of income is TANF, SSI, or GA/GR.					
••	b. I have applied for TANF, SSI, or GA/GR.					
2.	I am the parent of the following number of natural or adopted children from this rela	ionship				
3.	a. The children from this relationship are with me this amount of time					
	b. The children from this relationship are with the other parent this amount of time	%				
	c. Our arrangement for custody and visitation is (specify, using extra sheet if neces	sary):				
		busehold married filing separately.				
5.	My current gross income (before taxes) per month is	····· <u>Þ</u>				
	Attach 1 This income comes from the following: Salary/wages: Amount before taxes per month	¢				
	stubs for Retirement: Amount before taxes per month last 2 Unemployment compensation: Amount per month	\$				
	months here Workers' compensation: Amount per month	\$				
	(cross out Social security: SSI Other Amount per month	\$				
	social Disability: Amount per month					
	security Interest income (from bank accounts or other): Amount per r					
	numbers) I have no income other than as stated in this paragraph.					
6.	I pay the following monthly expenses for the children in this case:					
	a. Day care or preschool to allow me to work or go to school					
	b. Health care not paid for by insurance	····· <u>\$</u>				
	c. School, education, tuition, or other special needs of the child					
	d. Travel expenses for visitation					
7.						
	that I pay are					
8.	I spend the following average monthly amounts (please attach proof):					
	a. Job-related expenses that are not paid by my employer (specify reasons a	· · · · · <u> </u>				
	b. Required union dues					
	c. Required retirement payments (not social security, FICA, 401k or IRA) .					
	d. Health insurance costs					
	e. Child support I am paying for other minor children of mine who are not livi					
	f. Spousal support I am paying because of a court order for another relation					
	g. Monthly housing costs: rent or mortgage					
0	If mortgage: interest payments \$ real property taxes \$					
9.	Information concerning my current employment my most recent en Employer:	ipioyment:				
	Address:					
	Telephone number:					
	My occupation:					
	Date work started:					
	Date work stopped (<i>if applicable</i>): What was your gross income (<i>before</i>	axes) before work stopped?: Page 1 of 2				

PETITIONER/PLAINTIFF:		CASE NUMBER:		
RESPONDENT/DEFENDANT:				
OTHER PARENT:				
10. My estimate of the other party's gross monthly in	come <i>(before taxes)</i> is	\$		
11. My current spouse's monthly income (before tax				
12. Other information I want the court to know conce	rning child support in my case (attach	extra sheet with the information).		
13. I am attaching a copy of page 3 of form Fl				
I declare under penalty of perjury under the laws of any attachments is true and correct.	he State of California that the information	ation contained on all pages of this form and		
Data:				
Date:				
(TYPE OR PRINT NAME)				
	PEIII	ONER/PLAINTIFF RESPONDENT/DEFENDANT		
	INSTRUCTIONS			
Step 1: Are you eligible to use this form? use this form:	If your answer is YES to any of th	e following questions, you may NOT		
Are you asking for spousal support (alimon	v) or a change in spousal support	?		
 Is your spouse or former spouse asking for 				
Are you asking the other party to pay your a				
• Is the other party asking you to pay his or h	-			
• Do you receive money (income) from any s				
	Ũ			
• Welfare (such as TANF, GR, or GA)	Interest			
Salary or wages	Workers' compensation			
 Disability Unemployment 	 Social security Retirement 			
	• Remement			
Are you self-employed?				
If you are eligible to use this form and choos				
Declaration (form FL-150). Even if you are eligible to use this form, you may choose instead to use the Income				
and Expense Declaration (form FL-150).				
Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other				
than wages or salary, include copies of the pay stub received with that money.				
Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other				
payment notice or your tax return				
Step 3: Make 2 copies of your most recei	t federal income tax form			
		noocible on complete it reactly and		
Step 4: Complete this form with the requi clearly in black ink. If you need additional root				

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

		FL-305
ATTORNEY OR PARTY WITHOUT ATTORNEY NAME:	STATE BAR NUMBER:	FOR COURT USE ONLY
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		
		CASE NUMBER:
	· · · · · · · · · · · · · · · · · · ·	
Child Custody Visitation (Pare	enting Time) Property Control	
Other (specify):		
1. TO (name(s)):		
Petitioner Res	condent Other Parent/Party	Other (specify):
A court hearing will be held on the Request	for Order (form FL-300) served with th	nis order, as follows:
a. Date: Time:	Dept.:	Room:
b. Address of court same as noted	above other (specify):	
	b) help prevent immediate loss or dar	ent an immediate loss or irreparable harm to a mage to property subject to disposition in the
COURT ORDERS: The following temporary eme extended by court order:	ergency orders expire on the date and	time of the hearing scheduled in (1), unless
3. CHILD CUSTODY	Τ	nnorary physical austady, agra, and control to
		nporary physical custody, care, and control to: hitioner Respondent Other Party/Parent
a. <u>Child's name</u>	Date of Birth Pet	itioner Respondent Other Party/Parent
Continued on Attachment 3(a	a)	
	The temporary orders for physical c arty's or parties' rights of visitation (pa	ustody, care, and control of the minor children in renting time) as follows (<i>specify</i>):

THIS IS A COURT ORDER.

TEMPORARY EMERGENCY (EX PARTE) ORDERS

Page 1 of 2 Family Code, §§ 2045, 3062–3064, Cal. Rules of Court, rules 5.151–5.169 www.courts.ca.gov

See Attachment 3(b)

Γ

			FL-305
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		CASE NUM	BER:
3. CHILD CUSTODY (continued)			
		, care, and control of minor ch ourt allows it after a noticed	ildren must not remove the minor hearing.
(2) Petitioner F (a) from the	Respondent Other e state of California. e following counties (specif	Parent/Party must not remove	e their minor children <i>(specify):</i>
d. Child abduction preve	ention orders are attached	I (see form FL-341(B)).	
e. (1) Jurisdiction: This court h	nas jurisdiction to make chi		under the Uniform Child Custody ng with section 3400).
(2) Notice and opportunity to provided by the laws of the		ing party was given notice and	an opportunity to be heard as
(3) Country of habitual resid	dence: The country of hab	vitual residence of the child or o	children is <i>(specify):</i>
The United States of		er (specify):	
(4) If you violate this order,	you may be subject to c	ivil or criminal penalties, or l	ooth.
4. PROPERTY CONTROL a. Petitioner Resp control of the following propert		ent/Party is given exclusive te own or are buying leas	mporary use, possession, and e or rent
b. Petitioner Resp and encumbrances coming du		-	the following payments on the liens
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
5. All other existing orders, not in c	onflict with these temporar	y emergency orders, remain in	full force and effect.
6. OTHER ORDERS (specify):		Additiona	I orders are listed in Attachment 6.

Date:

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA Limited Civil Case	
🔲 800 SOUTH VICTORIA AVE. VENTURA, CA 93009	
4353 VINEYARD AVE., OXNARD, CA 93036	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
DECLARATION RE EX PARTE NOTICE	CASE NUMBER:
Dom. Violence Restraining Order	
Other Family Law / Custody Other Civil / Probate	
Instructions: The person giving the notice must state how notice was given, whe orders are requested. If notice is not being given, please advance to page two of the state	
I, , declare:	
 I informed the person listed above that an order would be sought in the Super 	ior Court of Ventura County at
800 South Victoria Ave., Ventura 4353 Vineyard Ave., Oxna	•
on: Date: Time: Co	urtroom:
Person informed: (Name) Date and	d time informed:
How Informed:	
By telephone to the party attorney at (Telephone Number)
By leaving a message with (Name) relatio	
	n person
By leaving a message on voicemail of the party at (Telephone Number)	
☐ By personally informing: ☐ party ☐ attorney	
In writing (copy must be attached).	
2. I told him/her that the orders requested included, but were not limited to:	
Domestic Violence Restraining Orders with move-out orders	custody orders
Civil Harassment Restraining Orders	
Custody / visitation orders, specifically:	
Other:	
and that he/she should appear at the above time and place if he/she wis	•
3. I do do not expect the other party to oppose my reques	it.
I declare under penalty of perjury under the laws of the State of California that th	e foregoing is true and correct.
Dated:	
	Signature of Declarant

Telephone Number

FOR COURT USE ONLY

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address)

			11020
		DECLARATION RE: EXPARTE NOTICE -	NO NOTICE GIVEN
		Dom. Violence Restraining Order	Civil Harassment Restraining order
		Other Family Law / Custody	Other Civil / Probate
		tions: Notice must be given for all Ex Parte requests unless the onal circumstances to excuse notice.	person requesting the order can establish
1.	Ι,	, am requesting Ex Parte orders as	stated below. I am requesting that notice be
	excu	used in this matter.	
2.	Ex F	Parte hearing is set at 🛛 800 South Victoria Ave., Ventura	
		3855-F Alamo St., Simi Valley	
		4353 Vineyard Ave., Oxnard	
		on: Date: Time:	_ Courtroom:
3.	l am	requesting the following orders:	
		Domestic Violence Restraining Orders with	t orders
		Civil Harassment Restraining Orders	
		Custody / visitation orders, specifically:	
		Other Civil/Probate orders, specifically:	
4.		ce should be excused because (provide details as to why the ot lest for emergency orders)	ther party should not be told, in advance, of your
		I do not have any way to give notice to the other party because	e:
		If notice is given, I, or the children, will suffer immediate harm,	specifically:
		Giving notice would frustrate the purpose of this order because	Ð:
			·

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

Dated:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
SHORT TITLE OF CASE:		
PROOF OF SERVICE		CASE NUMBER:

- 1. At the time of service, I was at least 18 years of age and not a party to this action.
- 2. I served the following documents:

Summons	Responsive Declaration to Requesf for Order
Petition	Income & Expense Declaration
Response	Order After Hearing
Complaint	Blank Response
Answer	Blank Answer
UCCJEA Declaration	Blank Responsive Declaration
Notice of Motion	Blank Income and Expense Declaration
Request for Order	OTHER
Temporary Restraining Order	
Mediation/Orientation Appointment Fact Sheet	

- 3. Party served:
- 4. Address:
- 5. Method of service:

Personal service: By personal delivery to the person identified in paragraph 3. Date of Service: Time of Service:	
By Mail: By mailing copies to the person identified in paragraph 3, with postage fully prepaid, b first class mail as follows: Date of Mailing: Place of Deposit:	ıу
With two copies of the Notice and Acknowledgment of Receipt and stamped return env addressed to me. (Attach signed Notice & Acknowledgment of Receipt)	/elope

To an address outside of California with return receipt requested (Attach Returned Receipt)

- 6. Person Serving (name, address and telephone number):
- 7. Person serving, additional information

Fee for service

Not a registered California process server.

Exempt from registration under B & P section 22350(b)

Registered California process server:

- Employee or independent contractor
 - Registration Number:

County of Registration:

I declare under the penalty of perjury and pursuant to the laws of the State of California that the foregoing is true and correct. Executed on ______ at ______.

Signature of Declarant

I am a California sheriff, marshall or constable, and I certify that the foregoing is true and correct. Executed on ______ at ______

Signature

NOTICE

ALL OF THE FOLLOWING FORMS ARE LEFT BLANK AND MUST BE SERVED ON THE RESPONDENT ALONG WITH A COPY OF THE DOCUMENTS YOU HAVE FILED

G:\COMMON\Admin\Family Law\Packet Instructions & Forms\NOTICE.doc

HOW TO RESPOND TO REQUEST FOR ORDER

1. <u>COMPLETE THE FORMS</u> (Type or print in black ink)

- * Responsive Declaration to Request for Order
 - This is your opportunity to respond to the issues raised on the Request for Order. You can only respond to those issues already raised. If you want to raise additional issues, you need to file your own Request for Order.
- Income and Expense Declaration or Financial Declaration (Simplified) if issues of support or attorney fees raised in the Request for Order

2. <u>SERVE A COPY ON THE OTHER PARTY</u>

Make TWO copies of the above documents. One copy is to be "served" on the other party. Service means the copy must be personally delivered or mailed to the other party by someone over the age of 18 other than you. You cannot "serve" it yourself. Service must be completed no later than 9 court days before the court hearing. Whoever serves the papers must complete the Proof of Service. You will file the Proof of Service with the Original Responsive Declaration.

3. FILE THE PAPERS

Visit the court's homepage and click on the "Schedule an Appointment" button to schedule an appointment for filing. On the date and time of your scheduled appointment take the original and two copies along with the Proof of Service to the Clerk's Office, in Ventura, Room 208. The clerk will keep the original and return the copies to you, stamped to show that it has been "filed". One of the two copies is to be "served" on the other party. The other copy is for your records.

			FL-320
PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR N	NUMBER:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (<i>name</i>):			
SUPERIOR COURT OF CALIFORNIA, COU	NTY OF		-
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARENT/PARTY:			
RESPONSIVE DECLAR	ATION TO REQU	EST FOR ORDER	CASE NUMBER:
		DEPARTMENT OR ROOM:	_
HEARING DATE:		DEPARTMENT OR ROOM:	
Dead Information Shoot, Deenergi			
			NFO) for more information about this form.
1. RESTRAINING ORDER INFO			
			etween the parties in this case.
	ore domestic violenc	e restraining/ protective orde	ers are now in effect between the parties in
this case.			
2. CHILD CUSTODY			
	ЛE)		
	,	custody (legal and physical	custody)
	r requested for visitat		
		. . ,	visitation (normating time)
	e order requested for		visitation (parenting time)
but I consent to	o the following order:		

CHILD SUPPORT 3.

- 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.
- I consent to the order requested. b.
- c. I consent to guideline support.
- I do not consent to the order requested ____ but I consent to the following order: d.

SPOUSAL OR DOMESTIC PARTNER SUPPORT 4.

- 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.
- I do not consent to the order requested ____ but I consent to the following order: c.

		FL-320
PETITIONER:		CASE NUMBER:
RESPONDENT:		
OTHER PARENT/PARTY:		
5. PROPERTY CONTROL		
a. I consent to the order requested.		
b. I do not consent to the order requested	but I concept to the fell	owing order:
	but I consent to the foll	owing order.
6. ATTORNEY'S FEES AND COSTS		
a. I have completed and filed a current <i>Income and E</i>	xpense Declaration (torm	FL-150) to support my responsive
declaration.		
b. I have completed and filed with this form a Support		ey's Fees and Costs Attachment (<u>form</u>
FL-158) or a declaration that addresses the factor	s covered in that form.	
c. I consent to the order requested.		
d. I do not consent to the order requested	but I consent to th	e following order:
······································		
7. DOMESTIC VIOLENCE ORDER		
a. I consent to the order requested.		
b. I do not consent to the order requested	but I consent to th	e following order:
8. OTHER ORDERS REQUESTED		
a. I consent to the order requested.		
b. I do not consent to the order requested	but I consent to th	e following order:
9. 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 th	ne following order:
10. FACTS TO SUPPORT my responsive declaration are	listed below. The facts the	at I write and attach to this form cannot be
longer than 10 pages, unless the court gives me pern		Attachment 10.
I declare under penalty of perjury under the laws of the State of	California that the informat	ion provided in this form and all attachments
is true and correct.		

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

FOR COURT USE ONLY

	CASE NUMBER:			
		FAMILY COURT SERVICES INTAKE QUESTIONNAIR	E	
1. Pre	evious Mediation		YES	NO

IN THE MATTER OF: _____

Signature of Respondent or Attorney for Respondent

Date

*Family Code Section 3181(b) states; "If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times." THIS FORM TO REMAIN CONFIDENTIAL (Family Code §3177)

		FL-150
PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY: TELEPHONE NO.:	STATE: ZIP CODE: FAX NO.:	
E-MAIL ADDRESS:	FAX NO	
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNT	X OF	
STREET ADDRESS:	T OF	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPI	ENSE DECLARATION	CASE NUMBER:
1. Employment (Give information on your	r current job or, if you're unemployed, y	our most recent job.)
Attach copies a. Employer:		
of your pay b. Employer's address:		
stubs for last c. Employer's phone num	iber:	
two months d. Occupation:		
(black out e. Date job started:		
Social f. If unemployed, date jol		
Security g. I work about	hours per week.	
numbers). h. I get paid \$	gross (before taxes) per moi	nth per week per hour.
(If you have more than one job, attach a jobs. Write "Question 1—Other Jobs" at		I list the same information as above for your other
2. Age and education		
a. My age is <i>(specify):</i>		
b. I have completed high school or the	equivalent: Yes No	If no, highest grade completed (specify):
c. Number of years of college complet	ed (specify): Degree(s) obtained (specify):
d. Number of years of graduate school		Degree(s) obtained <i>(specify):</i>
e. I have: professional/occup		
	opeony).	
3. Tax information		
a. I last filed taxes for tax year (
b. My tax filing status is sing		_ married, filing separately
married, filing jointly with (spe		
c. I file state tax returns in Ca	alifornia other (specify state)	: :
d. I claim the following number of exer	nptions (including myself) on my taxes	(specify):
4. Other party's income. I estimate the g	ross monthly income (before taxes) of t	the other party in this case at <i>(specify):</i> \$
This estimate is based on (explain):		
(If you need more space to answer any o question number before your answer.)		/2-by-11-inch sheet of paper and write the
I declare under penalty of perjury under the any attachments is true and correct.	laws of the State of California that the	information contained on all pages of this form and
Deter		
Date:		
Dale.	•	

	FL-150
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

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.)

 a. Dividends/interest b. Rental property income	\$ \$ currently receiving \$ currently receiving \$ ent marriage federally taxable* from a different domestic partnership \$ \$ \$	nth monthly
 c. Commissions or bonuses	currently receiving \$	
 d. Public assistance (for example: TANF, SSI, GA/GR) e. Spousal support ifrom this marriage ifrom a differ f. Partner support ifrom this domestic partnership g. Pension/retirement fund payments	currently receiving \$\$	
 e. Spousal support if from this marriage if from a differ f. Partner support if from this domestic partnership g. Pension/retirement fund payments. h. Social Security retirement (not SSI). i. Disability: Social Security (not SSI) State disated isated isated	rent marriage federally taxable* \$	
 f. Partner support from this domestic partnership g. Pension/retirement fund payments	rent marriage federally taxable* \$ from a different domestic partnership \$ \$ \$ btilts (ODI)	
 g. Pension/retirement fund payments	from a different domestic partnership \$\$\$	
 h. Social Security retirement (not SSI)	\$\$	
 i. Disability: Social Security (not SSI) State disate di	\$\$	
 j. Unemployment compensation		
 k. Workers' compensation		
 <i>I.</i> Other (military allowances, royalty payments) (specify): Investment income (Attach a schedule showing gross receipts a. Dividends/interest	¢	
 6. Investment income (Attach a schedule showing gross receipts a. Dividends/interest		
 a. Dividends/interest b. Rental property income c. Trust income	\$	
 a. Dividends/interest b. Rental property income c. Trust income	less cash expenses for each niece of property)	
 b. Rental property income		
 c. Trust income		
 d. Other (specify): 7. Income from self-employment, after business expenses for a l am the owner/sole proprietor business partine. Number of years in this business (specify): Name of business (specify): Name of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a statement for the la		
 7. Income from self-employment, after business expenses for a l am the owner/sole proprietor business partne Number of years in this business (<i>specify</i>): Name of business (<i>specify</i>): Type of business (<i>specify</i>): Attach a profit and loss statement for the last two years or a statem	s	
I am the owner/sole proprietor business partn Number of years in this business (<i>specify</i>): Name of business (<i>specify</i>): Type of business (<i>specify</i>): Attach a profit and loss statement for the last two years or a	¥	
Number of years in this business (<i>specify</i>): Name of business (<i>specify</i>): Type of business (<i>specify</i>): Attach a profit and loss statement for the last two years or a	all businesses\$	
Social Security number. If you have more than one business	Schedule C from your last federal tax return. B s, provide the information above for each of you	
 Additional income. I received one-time money (lottery wir amount): 	nnings, inheritance, etc.) in the last 12 months <i>(spe</i>	cify source and
9. Change in income. My financial situation has changed sig	nificantly over the last 12 months because (specify	<i>):</i>
10. Deductions		Last month
a. Required union dues		
b. Required retirement payments (not Social Security, FICA, 40	1(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiur	ns (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 ma	rriage federally tax deductible*	\$
f. Partner support that I pay by court order from a different dom		
g. Necessary job-related expenses not reimbursed by my emplo		
11. Assets		-
a. Cash and checking accounts, savings, credit union, money m	parket and other deposit accounts	Total \$
		¥
c. All other property, real and personal (es	stimate 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.

	FL-150
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

12. The following people live with me:

Ν	lame	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of household e	
a b c d e					Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
3. A	verage monthly expenses	stimated e	expenses Actua	al expenses Propos	ed needs	
a.	Home:		h. La	aundry and cleaning		\$
	(1) Rent or mortgag	Je \$	i. Cl	othes		\$
	If mortgage:		j. Ec	lucation		\$
	(a) average principal: \$		k. Er	ntertainment, gifts, and vacatio	n	\$
	(b) average interest: \$			uto expenses and transportation		•
	(2) Real property taxes	\$		isurance, gas, repairs, bus, et	-	\$
	(3) Homeowner's or renter's insurance			surance (life, accident, etc.; do		٩
	(if not included above)			ito, home, or health insurance)		
	(4) Maintenance and repair			avings and investments		
b.	Health-care costs not paid by insuran	ce \$	-	haritable contributions		Ψ
C.	Child care	\$		onthly payments listed in item emize below in 14 and insert to		\$
d.	Groceries and household supplies	\$		ther (specify):		\$
e.	Eating out	\$	_			•
f.	Utilities (gas, electric, water, trash)		th	DTAL EXPENSES (a–q) (do n e amounts in a(1)(a) and (b))	ot add in	\$
g.	Telephone, cell phone, and e-mail	\$	s. Ar	mount of expenses paid by o	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:

(SIGNATURE OF DECLARANT)

CASE NUMBER:

OTHER PARTY/PARENT/CLAIMANT:

CHILD SUPPORT INFORMATION

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	Amount per month	
a. Childcare so I can work	or get job training	
b. Children's health care no	t covered by insurance	\$
c. Travel expenses for visit	ation	\$
d. Children's educational o	r other special needs (specify below):	\$

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	\$	
Major losses not covered by insurance (examples: fire, theft, other insured loss).	\$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
(2) Names and ages of those children (specify):		

(3) Child support I receive for those children\$	
The expenses listed in a. b. and c create an extreme financial hardship because (expla	ain):

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

		FL-155
Y	our name and address or attorney's name and address: TELEPHONE NO	: FOR COURT USE ONLY
\vdash		
	TORNEY FOR (Name):	
_	SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
	STREET ADDRESS:	
	MAILING ADDRESS:	
	CITY AND ZIP CODE:	
	BRANCH NAME:	
	PETITIONER/PLAINTIFF:	
	RESPONDENT/DEFENDANT:	
	OTHER PARENT:	
	FINANCIAL STATEMENT (SIMPLIFIED)	CASE NUMBER:
	NOTICE: Read page 2 to find out if you qualify to use this for	prm and how to use it.
1.	a. My only source of income is TANF, SSI, or GA/GR.	
••	b. I have applied for TANF, SSI, or GA/GR.	
2.	I am the parent of the following number of natural or adopted children from this rela	ionship
3.	a. The children from this relationship are with me this amount of time	
	b. The children from this relationship are with the other parent this amount of time	
	c. Our arrangement for custody and visitation is (specify, using extra sheet if neces	sary):
		busehold married filing separately.
5.	My current gross income (before taxes) per month is	····· <u>Þ</u>
	Attach 1 This income comes from the following: Salary/wages: Amount before taxes per month	¢
	stubs for Retirement: Amount before taxes per month last 2 Unemployment compensation: Amount per month	\$
	months here Workers' compensation: Amount per month	\$
	(cross out Social security: SSI Other Amount per month	\$
	social Disability: Amount per month	
	security Interest income (from bank accounts or other): Amount per r	
	numbers) I have no income other than as stated in this paragraph.	
6.	I pay the following monthly expenses for the children in this case:	
	a. Day care or preschool to allow me to work or go to school	
	b. Health care not paid for by insurance	····· <u>\$</u>
	c. School, education, tuition, or other special needs of the child	
	d. Travel expenses for visitation	
7.		
	that I pay are	
8.	I spend the following average monthly amounts (please attach proof):	
	a. Job-related expenses that are not paid by my employer (specify reasons a	· · · · · <u> </u>
	b. Required union dues	
	c. Required retirement payments (not social security, FICA, 401k or IRA) .	
	d. Health insurance costs	
	e. Child support I am paying for other minor children of mine who are not livi	
	f. Spousal support I am paying because of a court order for another relation	
	g. Monthly housing costs: rent or mortgage	
0	If mortgage: interest payments \$ real property taxes \$	
9.	Information concerning my current employment my most recent en Employer:	ipioyment:
	Address:	
	Telephone number:	
	My occupation:	
	Date work started:	
	Date work stopped <i>(if applicable):</i> What was your gross income <i>(before</i>	axes) before work stopped?: Page 1 of 2

PETITIONER/PLAINTIFF:		CASE NUMBER:		
RESPONDENT/DEFENDANT:				
OTHER PARENT:				
10. My estimate of the other party's gross monthly in	come <i>(before taxes)</i> is	\$		
11. My current spouse's monthly income (before tax				
12. Other information I want the court to know conce	rning child support in my case (attach	extra sheet with the information).		
13. I am attaching a copy of page 3 of form Fl				
I declare under penalty of perjury under the laws of any attachments is true and correct.	he State of California that the information	ation contained on all pages of this form and		
Data:				
Date:				
(TYPE OR PRINT NAME)				
	PEIII	ONER/PLAINTIFF RESPONDENT/DEFENDANT		
	INSTRUCTIONS			
Step 1: Are you eligible to use this form? use this form:	If your answer is YES to any of th	e following questions, you may NOT		
Are you asking for spousal support (alimon	v) or a change in spousal support	?		
 Is your spouse or former spouse asking for 				
Are you asking the other party to pay your a				
• Is the other party asking you to pay his or h	-			
• Do you receive money (income) from any s				
	Ũ			
• Welfare (such as TANF, GR, or GA)	Interest			
Salary or wages	Workers' compensation			
 Disability Unemployment 	 Social security Retirement 			
	• Remement			
Are you self-employed?				
If you are eligible to use this form and choos				
Declaration (form FL-150). Even if you are eligible to use this form, you may choose instead to use the Income				
and Expense Declaration (form FL-150).				
Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other				
than wages or salary, include copies of the pay stub received with that money.				
Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other				
payment notice or your tax return				
Step 3: Make 2 copies of your most recei	t federal income tax form			
Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.				

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
SHORT TITLE OF CASE:		
		CASE NUMBER:
PROOF OF SERVICE		

- 1. At the time of service, I was at least 18 years of age and not a party to this action.
- 2. I served the following documents:

Summons	Responsive Declaration to Requesf for Order
Petition	Income & Expense Declaration
Response	Order After Hearing
Complaint	Blank Response
Answer	Blank Answer
UCCJEA Declaration	Blank Responsive Declaration
Notice of Motion	Blank Income and Expense Declaration
Request for Order	OTHER
Temporary Restraining Order	
Mediation/Orientation Appointment Fact Sheet	

- 3. Party served:
- 4. Address:
- 5. Method of service:

Personal service: By personal delivery to the person identified in paragraph 3. Date of Service: Time of Service:	
By Mail: By mailing copies to the person identified in paragraph 3, with postage fully prepaid, b first class mail as follows: Date of Mailing: Place of Deposit:	ıу
With two copies of the Notice and Acknowledgment of Receipt and stamped return env addressed to me. (Attach signed Notice & Acknowledgment of Receipt)	/elope

To an address outside of California with return receipt requested (Attach Returned Receipt)

- 6. Person Serving (name, address and telephone number):
- 7. Person serving, additional information

Fee for service

Not a registered California process server.

Exempt from registration under B & P section 22350(b)

Registered California process server:

- Employee or independent contractor
 - Registration Number:

County of Registration:

I declare under the penalty of perjury and pursuant to the laws of the State of California that the foregoing is true and correct. Executed on ______ at ______.

Signature of Declarant

I am a California sheriff, marshall or constable, and I certify that the foregoing is true and correct. Executed on ______ at ______

Signature