

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): _____	FOR COURT USE ONLY
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 ☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support ☐ Child Support ☐ Property Control ☐ Attorney's Fees and Costs ☐ 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: _____	☐ 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.)

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 Page 1 of 4

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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REQUEST FOR ORDER

Note: Place a mark ☒ 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>	☐ <u>Legal Custody to</u> (person who decides: health, education, etc):	☐ <u>Physical Custody to</u> (person with whom child lives):
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b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:

☐ Attachment 2a.

(1) ☐ Specified in the attached forms:

☐ Form <u>FL-305</u>	☐ Form <u>FL-311</u>	☐ Form <u>FL-312</u>	☐ Form <u>FL-341(C)</u>
☐ Form <u>FL-341(D)</u>	☐ Form <u>FL-341(E)</u>	☐ 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.

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2. d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).
- (1) ☐ The order for legal or physical custody was filed on *(date)*: . The court ordered *(specify)*:
- (2) ☐ The visitation (parenting time) order was filed on *(date)*: . The court ordered *(specify)*:

3. ☐ CHILD SUPPORT ☐ Attachment 2d.

(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
based on the child support guideline.

☐ Monthly amount (\$) requested
(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:
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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 filed the following to support my request:
- I request attorney's fees and costs, which total (*specify amount*): \$ _____
- 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:

CASE NUMBER:

SPOUSAL OR DOMESTIC PARTNER SUPPORT DECLARATION ATTACHMENT

- ☐ Declaration for Default or Uncontested Judgment (form FL-170) ☐ Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)
- ☐ Request for Order (form FL-300)
- ☐ Other (specify):

1. Spousal or domestic partner support.

a. I am the (specify all that apply):

- (1) ☐ petitioner ☐ respondent.
- (2) ☐ support payee (party asking for support) ☐ support payor (party being asked to pay support).

b. I request that the court (check all that apply)

- (1) ☐ enter a judgment for spousal or domestic partner support for ☐ petitioner ☐ respondent.
- (2) ☐ modify the judgment for spousal or domestic partner support for ☐ petitioner ☐ respondent.
- (3) ☐ deny the request to modify the judgment for spousal or domestic partner support.
- (4) ☐ terminate jurisdiction to award spousal or domestic partner support to ☐ petitioner ☐ respondent.

2. ☐ Attorney fees and costs. I request that the court (check one):

- a. ☐ order my attorney fees and costs to be paid by ☐ my spouse or domestic partner ☐ a joined party (specify):
- b. ☐ deny the request for attorney fees and costs.

SECTION 1: FACTS ABOUT BOTH PARTIES

3. Length of marriage or domestic partnership (Family Code section 4320(f))

- a. (1) Date of marriage:
(2) Date of separation:
(3) Time from date of marriage to date of separation: years months
- b. (1) Date domestic partnership was registered:
(2) Date of separation:
(3) Time from date of registration of the domestic partnership to date of separation: years months
- c. If applicable, total combined years and months for the marriage (a(3)) and the domestic partnership (b(3)) years months

4. Standard of living of the marriage or domestic partnership (Family Code section 4320(a)) ☐ See Attachment 4

The standard of living established during the marriage or domestic partnership was (describe, for example, information from your income tax return, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse, ability to save for retirement):

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5. **Age and health of the parties** (Family Code section 4320(h))

- a. The age of the party asking for support is:
- b. The age of the party being asked to pay support is:
- c. The health condition of the party asking for support is (*describe*):

☐ See Attachment 5c

- d. The health condition of the party being asked to pay support is (*describe*):

☐ See Attachment 5d

6. **Documented history of domestic violence** (Family Code section 4320(i))

☐ See Attachment 6

The court will consider all documented evidence of any history of domestic violence between the parties or perpetrated by either party against either party's child, including but not limited to the following:

- a. A plea of nolo contendere ("no contest").
- b. Emotional distress resulting from domestic violence against the party asking for support by the party being asked to pay support.
- c. Any history of violence against the party being asked to pay support by the party asking for support.
- d. A *Restraining Order After Hearing* (form DV-130).
- e. A finding by a court as part of a case involving divorce, separation, or a child custody proceeding, or any other proceeding in family court in which the court has found that the spouse or domestic partner committed domestic violence.
- f. Other evidence of any history of violence between the parties.

Attach to this form copies of the documents that you want the court to consider. Label them "Attachment 6."

7. **Documented evidence of criminal conviction** (Family Code section 4320(m))

- a. ☐ **Felony conviction of the party asking for support**

The party being asked to pay support requests that the court find that the party asking for support is prohibited by law from receiving support (including medical, life, or other insurance benefits or payments) under Family Code section 4324.5 because:

- (1) The party asking for support was convicted of a violent sexual felony or domestic violence felony against the party being asked to pay support within five years after the conviction (and any time served in custody, on probation or on parole); and
- (2) The petition for divorce was filed within five years after the spouse's or domestic partner's conviction (and any time served in custody or on parole).

- b. ☐ **Misdemeanor conviction of the party asking for support**

☐ See Attachment 7b

- (1) There is a rebuttable presumption that the party asking for support is prohibited from receiving support from the party being asked to pay support under Family Code section 4325 because:

- (A) The party asking for support was either convicted of a domestic violence misdemeanor against the party being asked to pay support in this case or convicted of a misdemeanor against the other party that resulted in a term of probation under Penal Code section 1203.097; and
- (B) The conviction was entered by the court within five years before the petition for divorce was filed (or the conviction was entered at any time during the divorce case).

- (2) Based on a preponderance of the evidence,

- (A) ☐ The party being asked to pay support asks the court to find that the presumption has not been rebutted.
- (B) ☐ The party asking for support asks the court find that the presumption has been rebutted.

Attach to this form a declaration and documents that you want the court to consider. Label them "Attachment 7b"

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SECTION 2: FACTS ABOUT THE PARTY ASKING FOR SUPPORT**8. Earning capacity** (Family Code section 4320(a)(1))

- a. The marketable skills (training, job skills, and work history) of the party asking for support (*describe*): ☐ See Attachment 8a
- b. The current job market for the job skills of the party asking for support is (*specify*): ☐ See Attachment 8b
- c. The time and expenses required for the party asking for support to acquire the appropriate education and training to develop the skills for the job market described in (b) (*specify*): ☐ See Attachment 8c
- d. The possible need for retraining or education to acquire other, more marketable skills or employment (*specify*): ☐ See Attachment 8d
- e. Indicate the extent to which the party asking for support is able to earn enough money to maintain the standard of living established during the marriage or domestic partnership.

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9. **Earning capacity** (Family Code section 4320(a)(2)) ☐ See Attachment 9
- a. The party asking for support ☐ has ☐ has not had periods of unemployment because of the time needed to attend to domestic duties. *(Complete (b) if there were periods of unemployment.)*
- b. Specify the extent to which the present or future earning capacity of the party asking for support is impaired by periods of unemployment to devote time to domestic duties during the marriage or domestic partnership.
-
10. **Contributions to the education and training of the party being asked to pay support** ☐ See Attachment 10
- a. The party asking for support ☐ did ☐ did not contribute to the education, training, career position, or license of the party being asked to pay support *(If the party asking for support did contribute, complete item b below.)*
- b. Specify the extent to which the party asking for support contributed to the education, training, career position, or license of the party being asked to pay support.
-
11. **Care for children** (Family Code section 4320(g)) ☐ See Attachment 11
- a. The party asking for support ☐ has ☐ has not had periods of unemployment to care for the children of the marriage or domestic partnership. *(Complete (b) if there were periods of unemployment.)*
- b. The party asking for support ☐ is ☐ is not able to be gainfully employed without unduly interfering with the interests of the children in the care of the party asking for support *(specify):*
-
12. **Needs of the party asking for support** (Family Code section 4320(d)) ☐ See Attachment 12
- Specify the needs of the party asking for support based on the standard of living established during the marriage or domestic partnership, as described in question 4.
-
13. **Assets and debts** (Family Code section 4320(e)) ☐ See Attachment 13
- a. The assets, including separate property, of the party asking for support are *(specify):*

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b. The debts, including separate property, of the party asking for support are *(specify)*:

14. Tax consequences (Family Code section 4320(j))

☐ See Attachment 14

The immediate and specific tax consequences for the party asking for support are *(specify)*:

15. Goal to become self-supporting (Family Code section 4320(l))

☐ See Attachment 15

Notice: When ordering spousal or domestic partner support in a judgment, the court may advise (warn) the party asking for support to make reasonable efforts to become self-supporting within a reasonable period of time, considering all the factors in Family Code section 4320. The court may decide that this warning (often called a "Gavron" warning) is not appropriate if the case involves a marriage or domestic partnership of long duration (about 10 years or longer). Generally, failure to become self-supporting after the court gives the warning can result in an order to reduce the amount of the support award.

- a. This ☐ is ☐ is not a marriage or domestic partnership of long duration (ten years or more).
- b. The party asking for support ☐ is ☐ is not self-supporting *(If not, specify below what steps, if any, the party asking for support will take to become self-supporting within a reasonable period of time)*:

c. Other *(specify below)*:

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SECTION 3: FACTS ABOUT THE PARTY BEING ASKED TO PAY SUPPORT**16. Ability to pay support / earning capacity** (Family Code sections 4320(a) and (c))☐ See Attachment 16

- a. The earned income of the party being asked to pay support is *(specify)*: ☐ unknown
- b. The unearned income of the party being asked to pay support is *(specify)*: ☐ unknown
- c. This party ☐ does ☐ does not have the ability to earn enough money to maintain the standard of living described in 4 for both spouses or domestic partners. *(If not, explain why below.)*

- d. Based on the above responses, this party ☐ is ☐ is not able to pay spousal or domestic partner support.

17. Needs of the party being asked to pay support (Family Code section 4320(d))☐ See Attachment 17

Specify the needs of the party being asked to pay support based on the standard of living established during the marriage or domestic partnership, as described in question 4.

18. Assets and debts (Family Code section 4320(e))☐ See Attachment 18

- a. The assets, including separate property, of the party being asked to pay support are *(specify)*:

- b. The debts, including separate property, of the party being asked to pay support are *(specify)*:

19. Tax consequences (Family Code section 4320(j))☐ See Attachment 19

The immediate and specific tax consequences for the party being asked to pay support *(specify)*:

PETITIONER:
RESPONDENT:

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SECTION 4: BALANCE OF HARDSHIPS AND OTHER FACTORS**20. Balance of hardships** (Family Code section 4320(k))☐ See Attachment 20

Describe below any special financial difficulties to the party if ordered to pay support compared to the hardship to the party who is asking for support. *(For example, consider the ability of a party to pay support versus the need of the other an party to receive financial support).*

21. Indicate below other factors, if any, that the court should consider that are just and equitable in ordering spousal or domestic partner.(Family Code section 4320(n))☐ See Attachment 21

Number of pages attached: _____

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OTHER PARTY:	

REQUEST FOR ATTORNEY'S FEES AND COSTS ATTACHMENT

1. I am completing this form because:
 - a. I need to have enough money for attorney's fees and costs to present my case adequately;

☐ I am receiving free legal services from an attorney at a nonprofit legal services agency or a volunteer attorney.
 - b. I have less money or limited access to funds to retain or maintain an attorney compared to the party that I am requesting pay for my attorney's fees and costs; and
 - c. the party that I want the court to order to pay for my attorney's fees and costs has or is reasonably likely to have the ability to pay for attorney's fees and costs for me and himself or herself.

2. I am asking the court to order that *(check all that apply)*:

☐ petitioner/plaintiff
☐ other party *(specify)*:

☐ respondent/defendant
 pay for my attorney's fees and costs in this legal proceeding as follows:

 - a. ☐ Fees: \$
 - b. ☐ Costs: \$

3. The requested amount includes *(check all that apply)*:
 - a. ☐ a fee in this amount of: \$ _____ to hire an attorney in a timely manner before the proceedings in the matter go forward.
 - b. ☐ attorney's fees and costs incurred from the beginning of representation until now in the amount of: \$ _____
 - c. ☐ estimated attorney's fees and costs in the amount of: \$ _____
 - d. ☐ attorney's fees and costs for limited scope representation in the amount of: \$ _____

4. Have attorney's fees and costs been ordered in this case before?
 - a. ☐ No.
 - b. ☐ Yes. If so, describe the order:
 - (1) The ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other party must pay: \$ _____ for attorney's fees and costs.
 - (a) This order was made on *(date)*:
 - (b) From the payment sources of *(if known)*:
 - (c) The payments ☐ have been made ☐ have not been made ☐ have been made in part since the date of the order.
 - (2) ☐ Additional information *(specify)*:

5. Along with this *Request* form, you must complete, file and serve:
 - a. A current *Income and Expense Declaration* (form FL-150). It is considered current if you have completed form FL-150 within the past three months and no facts have changed since the time of completion; and

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5. b. A personal declaration in support of your request for attorney's fees and costs that explains why you need an award of attorney's fees and costs (either *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a comparable declaration that addresses the factors covered in form FL-158).
6. The party requesting attorney's fees and costs must provide the court with sufficient information about the following factors:
- The attorney's hourly billing rate;
 - The nature of the litigation, its difficulty, and skill required and employed in handling the litigation;
 - Fees and costs incurred until now; anticipated attorney's fees and costs; and why the fees and costs are just, necessary, and reasonable;
 - The attorney's experience in the particular type of work demanded; and
 - If it is a limited scope fee arrangement, the scope of representation.

Notice to Responding Party

7. To respond to this request, you must complete, file and serve:
- A *Responsive Declaration* (form FL-320);
 - A current *Income and Expense Declaration* (form FL-150). It is considered current if you have completed form FL-150 within the past three months and no facts have changes since the time of completion; and
 - A personal declaration explaining why the court should grant or deny the request for attorney's fees and costs (either *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a comparable declaration that addresses the factors covered in form FL-158).
8. Number of pages attached to this *Request* form: _____

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)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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SUPPORTING DECLARATION FOR ATTORNEY'S FEES AND COSTS ATTACHMENT

To: ☐ *Request for Attorney's Fees and Costs Attachment (form FL-319)*
☐ *Responsive Declaration (form FL-320)*

1. I am
 - a. ☐ the petitioner/plaintiff.
 - b. ☐ the respondent/defendant.
 - c. ☐ the other party.
2. I request that the court ☐ grant ☐ grant in part ☐ deny the request for attorney's fees and costs.
3. I am providing the following information ☐ in support of ☐ in opposition to the request for attorney's fees and costs.
 - a. The ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other party has the ability to pay
 - (1) ☐ my attorney's fees and costs.
 - (2) ☐ his or her own attorney's fees and costs.
 - (3) ☐ both my and his or her own attorney's fees and costs.
 - (4) ☐ other (*specify*):
 - b. The attorney's fees and costs can be paid from the following sources:
 - c. The court should consider the following facts in deciding whether to grant, grant in part, or deny the request for attorney's fees and costs (*describe*):

☐ See Attachment 3c.
 - d. If appropriate, describe the reasons why a non-spouse party or domestic partner is involved in the case and whether he or she should or should not pay attorney's fees and costs:

☐ See Attachment 3d.

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RESPONDENT/DEFENDANT:	
OTHER PARTY:	

4. Has an order already been made for payment of child support in this case?

- a. ☐ No.
- b. ☐ Yes. If so, describe the order:
- (1) The ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other party must pay: \$
per month for child support.
- (a) This order has been in effect since (date):
- (b) The payments ☐ have been made ☐ have not been made ☐ have been made in part
since the date of the order.
- (2) ☐ Additional information (specify):

5. Has an order already been made for payment of spousal, partner, or family support in this case?

- a. ☐ No.
- b. ☐ Yes. If so, describe the order:
- (1) The ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other party must pay: \$
per month for ☐ spousal support ☐ partner support ☐ family support.
- (a) This order has been in effect since (date):
- (b) The payments ☐ have been made ☐ have not been made ☐ have been made in part
since the date of the order.
- (2) ☐ Additional information (specify):

6. If you are or were married to, or in a domestic partnership with, the person you are seeking fees from, the court must consider the factors in Family Code section 4320 in determining whether it is just and reasonable under the relative circumstances to award attorney's fees and costs. Complete and attach *Spousal or Partner Support Declaration Attachment* (form FL-157) or a comparable declaration to provide the court with information about the factors described in section 4320.

7. You must complete, file, and serve a current *Income and Expense Declaration* (form FL-150). It is considered current if you have completed form FL-150 within the past three months and no facts have changed since the time of completion.

8. Number of pages attached to this *Supporting Declaration*: _____

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)

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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF 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:
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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) ☐ currently receiving	\$	_____
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	\$	_____
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify):	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify):	\$	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a 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 ☐ 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, ☐ real and ☐ personal (estimate fair market value minus the debts you owe).....	\$ _____

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

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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.				☐ Yes	☐ No
b.				☐ Yes	☐ No
c.				☐ Yes	☐ No
d.				☐ Yes	☐ No
e.				☐ Yes	☐ No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home: (1) ☐ Rent or ☐ 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 \$ _____
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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:
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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)*:

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): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ 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:
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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)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT ☐ Modification	
CASE NUMBER:	

TO THE PAYOR: This is a court order. You must withhold a portion of the earnings of (specify obligor's name and birthdate):

and pay as directed below. (An explanation of this order is printed on page 2 of this form.)

THE COURT ORDERS

1. You must pay part of the earnings of the employee or other person who has been ordered to pay support, as follows:

- a. ☐ \$ _____ per month current **spousal or partner support**
 b. ☐ \$ _____ per month **spousal or partner support arrearages**
 c. **Total deductions per month:** \$

2. ☐ The payments ordered under item 1a must be paid to (name, address) :

3. ☐ The payments ordered under item 1b must be paid to (name, address) :

4. The payments ordered under item 1 must continue until further written notice from the payee or the court.

5. ☐ This order modifies an existing order. **The amount you must withhold may have changed.** The existing order continues in effect until this modification is effective.

6. This order affects all earnings that are payable beginning as soon as possible but not later than 10 days after you receive it.

7. You must give the obligor a copy of this order and the blank *Request for Hearing Regarding Earnings Assignment* (form FL-450) within 10 days.

8. ☐ Other (specify) :

9. For the purposes of this order, spousal or partner support arrearages are set at: \$ _____ as of (date): _____

Date: _____

JUDICIAL OFFICER

Page 1 of 2

INSTRUCTIONS FOR EARNINGS ASSIGNMENT ORDER

1. DEFINITIONS OF IMPORTANT WORDS IN THE EARNINGS ASSIGNMENT ORDER

a. Earnings:

- (1) Wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer;
- (2) Payments for services of independent contractors;
- (3) Dividends, interest, rents, royalties, and residuals;
- (4) Patent rights and mineral or other natural resource rights;
- (5) Any payments due as a result of written or oral contracts for services or sales, regardless of title;
- (6) Payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and
- (7) Any other payments or credits due, regardless of source.

b. Earnings assignment order: a court order issued in every court case in which one person is ordered to pay for the support of another person. This order has priority over any other orders such as garnishments or earnings withholding orders.

Earnings should not be withheld for any other order until the amounts necessary to satisfy this order have been withheld in full. However, an *Order/Notice to Withhold Income for Child Support* for child support or family support has priority over this order for spousal or partner support.

c. Obligor: any person ordered by a court to pay support. The obligor is named before item 1 in the order.

d. Obligee: the person or governmental agency to whom the support is to be paid.

e. Payor: the person or entity, including an employer, that pays earnings to an obligor.

2. INFORMATION FOR ALL PAYORS. Withhold money from the earnings payable to the obligor as soon as possible but no later than 10 days after you receive the *Earnings Assignment Order for Spousal or Partner Support*. Send the withheld money to the payee(s) named in items 2 and 3 of the order within 10 days of the pay date. You may deduct \$1 from the obligor's earnings for each payment you make.

When sending the withheld earnings to the payee, state the date on which the earnings were withheld. You may combine amounts withheld for two or more obligors in a single payment to each payee, and identify what portion of that payment is for each obligor.

You will be liable for any amount you fail to withhold and can be cited for contempt of court.

3. SPECIAL INSTRUCTIONS FOR PAYORS WHO ARE EMPLOYERS

a. State and federal laws limit the amount you can withhold and pay as directed by this order. This limitation applies only to earnings defined above in item 1a(1) and are usually half the obligor's disposable earnings.

Disposable earnings are different from gross pay or take-home pay. Disposable earnings are earnings left after subtracting the money that state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) social

security, (3) state income tax, (4) state disability insurance, and (5) payments to public employees' retirement systems.

After the obligor's disposable earnings are known, withhold the amount required by the order, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.

If the obligor has more than one assignment for support, add together the amounts of support due for all the assignments. If 50 percent of the obligor's net disposable earnings will not pay in full all of the assignments for support, prorate it first among all of the current support assignments in the same proportion that each assignment bears to the total current support owed. Apply any remainder to the assignments for arrearage support in the same proportion that each assignment bears to the total arrearage owed. If you have any questions, please contact the office or person who sent this form to you. This office or person's name appears in the upper left-hand corner of the order.

- b. If the employee's pay period differs from the period specified in the order, prorate the amount ordered withheld so that part of it is withheld from each of the obligor's paychecks.
- c. If the obligor stops working for you, notify the office that sent you this form of that, no later than the date of the next payment, by first-class mail. Give the obligor's last known address and, if known, the name and address of any new employer.
- d. California law prohibits you from firing, refusing to hire, or taking any disciplinary action against any employee ordered to pay support through an earnings assignment. Such action can lead to a \$500 civil penalty per employee.

4. INFORMATION FOR ALL OBLIGORS. You should have received a *Request for Hearing Regarding Earnings Assignment* (form FL-450) with this *Earnings Assignment Order for Spousal or Partner Support*. If not, you may get one from either the court clerk or the family law facilitator. If you want the court to stop or modify your earnings assignment, you must file (by hand delivery or mail) an original copy of the form with the court clerk within 10 days of the date you received this order. Keep a copy of the form for your records.

If you think your support order is wrong, you can ask for a modification of the order or, in some cases, you can have the order set aside and have a new order issued. You can talk to an attorney or get information from the family law facilitator about this.

5. SPECIAL INFORMATION FOR THE OBLIGOR WHO IS AN EMPLOYEE. State law requires you to notify the payees named in items 2 and 3 of the order if you change your employment. You must provide the name and address of your new employer.

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*) :

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.

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

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

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