

**\$3.00**  
(If purchased at window)

## **Request for Order** **(How to Get a Court Date)**

These are the forms you will need. You can find them at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms).

Request for Order (FL-300)

\*Income and Expense Declaration (FL-150)

Proof of Personal Service (FL-330)

### **STEP 1: Fill Out the Forms**

Request for Order (FL-300): Fill out the caption section with your name, address, phone number, case information and case number. On page 1, mark the boxes next to the type of orders you want the Judge to make (Child Custody, Child Support, etc.) If there is no box for the type of orders you are requesting, check the box for "Other" and write what you are requesting (for example, change of venue, medical reimbursement, determine arrears, etc.). On pages 2, 3 and 4, this is where you explain WHAT orders you want. You only need to fill in the parts of this form that apply to what you are REQUESTING. Make sure to fill in the questions that ask why you are asking the court to make/change the orders and/or why the change is best for the child(ren). Skip any sections that do not apply. At the bottom of page 4, question 10 ("Facts to Support"), this is where you can further explain why you are asking for the orders you are requesting. This is your statement to the Judge explaining the situation. This is an important section, so do NOT leave it blank. You can attach additional page(s) if you need more room.

\*Income and Expense Declaration (FL-150): You only need to fill this form out if you are asking the Judge to make orders for CHILD SUPPORT, SPOUSAL SUPPORT or ATTORNEYS FEES. If you are not asking for support or attorney's fees, do not complete or file this form.

### **STEP 2: File the Forms**

Make 2 copies of each of the forms\*\*. Staple each of the originals and two-hole punch at the top. Staple the copies as well. Group the original plus copies of the same documents together for filing. Get a number ticket for "Family Law" at the kiosk on the 1<sup>st</sup> floor of the Courthouse. File the paperwork with the clerk when your number is called. The filing fee is \$60.00, unless your Request for Order is for modification of existing child custody or visitation orders, the filing fee is \$85. The Court accepts cash, check, Visa, MasterCard, AMEX and Discover Card. If you cannot afford to pay the filing fee, you may submit the forms to request a fee waiver. The clerk will schedule you for a hearing and will write the date on the forms.

*\*\*If you are filing for custody/visitation orders, make 1 additional copy (original + 3 copies).*

*\*\*If you are filing for child support and the Department of Child Support Services is involved, make 1 additional copy (original + 3 copies)*

### **STEP 3: Serve a Copy to the Other Party**

You must have a copy of your forms personally served on the other party, along with a blank Responsive Declaration (FL-320). If your Request for Order is for support, you must also serve a blank Income and Expense Declaration (FL-150). Anyone other than you, over 18, can serve the papers on the other party. The forms must be served at least **sixteen court days** before your hearing date. Weekends and court holidays do not count as court days.

### **STEP 4: File the Proof of Service**

The person who serves the papers needs to fill out a Proof of Personal Service (FL-330). Make 2 copies of the Proof of Service and get a number for "Family Law" at the kiosk on the 1<sup>st</sup> floor of the Courthouse to file the form. **Do not forget to attend your hearing!**

**1 USE Request for Order (form FL-300):**

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney’s fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing (form DV-130)*. See *How Do I Ask to Change or End a Domestic Violence Restraining Order (form DV-400-INFO)* for more information.

**2 DO NOT USE Request for Order (form FL-300):**

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL.htm>, speak with an attorney, or get help at your court’s Self-Help Center or Family Law Facilitator’s Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
  - For a domestic violence restraining order, use forms DV-100, DV-109, and DV-110.
  - For an order for contempt, use form FL-410.
  - To set aside a child support order, use form FL-360 or form FL-640.
  - To set aside a voluntary declaration of paternity, use form FL-280.

**3 Forms checklist**

- a. Form FL-300, Request for Order, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
  - FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act
  - FL-311, Child Custody and Visitation (Parenting Time) Application Attachment
  - FL-312, Request for Child Abduction Prevention Orders
  - FL-341(C), Children’s Holiday Schedule Attachment
  - FL-341(D), Additional Provisions—Physical Custody Attachment
  - FL-341(E), Joint Legal Custody Attachment
- c. If you want child support, you need this form:
  - A current form FL-150, Income and Expense Declaration. You may use form FL-155, Financial Statement (Simplified), instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. If you want spousal or partner support or orders about your finances, you need these forms:
  - A current FL-150, Income and Expense Declaration
  - FL-157, Spousal or Partner Support Declaration Attachment (or provide the information in a declaration)
- e. If you want attorney’s fees and costs, you need these forms:
  - A current FL-150, Income and Expense Declaration
  - FL-319, Request for Attorney’s Fees and Costs Attachment (or provide the information in a declaration)
  - FL-158, Supporting Declaration for Attorney’s Fees and Costs (or provide the information in a declaration)
- f. To request temporary emergency (ex parte) orders, you need:
  - FL-305, Temporary Emergency Orders to serve as the proposed temporary emergency orders.
  - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use form FL-303, Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders.
  - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need form:
  - FL-321, Witness List
- h. If you want to request a separate trial (bifurcation) on an issue, you need form:
  - FL-315, Request or Response to Request for Separate Trial



**4 Complete form FL-300 (Page 1)**  
**Caption:** Complete the top portion with your name, address, and telephone number, and the court address. Next, write the name of the Petitioner, Respondent, or Other Parent/Party (You must use the party names as they appear in the petition that was originally filed with the court). Then, write the case number. In the next section, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY (EX PARTE) ORDER” if you are asking that the court make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting.

**Item 1:** List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.

**Item 2:** Leave this blank. The court clerk will fill in the date, time, and location of the hearing.

**Item 3:** This is a notice to all other parties.

**Items 4-5:** Leave these blank. The court will complete them if the orders are granted.

**Item 6:** In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party’s lawyer to make the appointment and then complete item 6 before filing form FL-300.

Ask your court’s Family Law Facilitator or Self-Help Center to find out what your court requires

**Items 7-8:** Leave these blank. The court will complete them, if needed.

*Note: You may file one form FL-150 to respond to items 3, 4, and 6.*

**7 File your documents**  
 Give your paperwork and the copies you made to the court clerk to process. You may take them to the clerk’s office in person, mail them, or, in some counties, you can e-file them.

The clerk will keep the original and give you back the copies you made with a court date and time stamped on the first page of the *Request for Order*. The procedure may be different in some courts if you are requesting temporary emergency orders.

**8 Pay filing fees**  
 A fee is due at the time of filing.

If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing form *FW-001, Request to Waive Court Fees* and form *FW-003, Order on Court Fee Waiver*.

**5 Complete form FL-300 (pages 2-4)**

**6 Complete additional forms and make copies**  
 Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.



9

**Temporary Emergency (Ex Parte) Orders**  
(nondomestic violence restraining orders)

Courts can make temporary orders in your family law case to respond to emergencies that cannot wait to be heard on the court’s regular hearing calendar.

*The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property.*

To request these orders:

- Complete form FL-300. Describe the emergency and explain why you need the temporary emergency orders before the hearing.
- Complete form FL-305 to serve as your proposed temporary orders.
- Include a declaration describing how and when you notified the other parties (or why you could not give notice) about your request and the hearing (see form FL-303).
- Complete other forms if required by your local court rules.
- Follow your court’s local procedures for reserving the day for the hearing, submitting your paperwork, and paying filing fees.

12 **Who can be a “server”**

You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a sheriff, or a professional process server.

13 **“Personal Service”**

Personal service means that your “server” walks up to each person to be served, makes sure he or she is the right person, and then hand-delivers a copy of all the papers (and the blank forms) to him or her. The server may leave the papers near the person if he or she will not take them.



Note: Sometimes the papers may be personally served on the other party’s lawyer (if he or she has one) in the family law case.

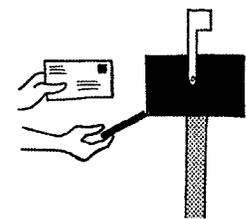
10 **General information about “service”**

“Service” is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you are asking for and have information about the hearing.

If the other parties are NOT properly served, the judge cannot make the orders you requested on the date of the hearing.

14 **“Service by mail”**

means that your “server” places copies of all the documents (and blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if he or she has one).



The server must be 18 years of age or over and live or work in the county where the mailing took place.

11 **Serve the Request for Order and blank forms**

The other party must be “served” with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank form FL-320, *Responsive Declaration to Request for Order*.
- Blank form FL-150, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

**Important!** For questions about personal service or service by mail, talk with a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/1083.htm>.



**15 When to use personal service or service by mail**

**Personal Service**

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you **must** use personal service.

You **must** use personal service when the court:

- Ordered personal service;
- Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:
  - Been served with a *Summons* and *Petition*; \*  
OR
  - Appeared in the case by filing a:
    - a. *Response to a Petition*;
    - b. *Appearance, Stipulations, and Waivers*;
    - c. Written notice of appearance;
    - d. Request to strike all or part of the *Petition*; or
    - e. Request to transfer the case.

\*Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* (form FL-330) and give it to you. If the server needs instructions, give him or her form FL-330-INFO, *Information Sheet for Proof of Personal Service*.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

**Deadline:** The deadline for personal service is **16 court days** before the hearing date, unless the court orders a different deadline.

**Service by Mail**

If you are not required to use personal service, you may use service by mail.

**Important!** Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A *Request for Order* to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:

- The documents do not include temporary emergency orders;
- The court did not order personal service; and
- You have verified the other party's current residence or office address. (You may use *Address Verification* (form FL-334).)

To change a judgment or final order on any other issue, including spousal or domestic partner support, the *Request for Order* may need to be personally served on the other party.

1. After serving, the server must fill out a *Proof of Service by Mail* (form FL-335) and give it to you. If the server needs instructions, give him or her an *Information Sheet for Proof of Service by Mail* (form FL-335-INFO).
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

**Deadline:** Unless the court orders a different time, service by mail must be completed at least **16 court days PLUS 5 calendar days** before the hearing date (if service is in California). Other time lines apply for service outside of California.

**16 Get ready for your hearing**

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

**17 After the hearing,** the order made on form FL-340, *Findings and Order After Hearing*, must be filed and served.

**18 Do you have questions or need help?**

- Find a lawyer through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>In Pro Per</b>	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>Placer</b> STREET ADDRESS: <b>10820 Justice Center Drive</b> MAILING ADDRESS: <b>P.O.Box 619072</b> CITY AND ZIP CODE: <b>Roseville, CA 95661</b> BRANCH NAME: <b>Gibson Courthouse</b>	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

**NOTICE OF HEARING**

1. TO (name(s)): \_\_\_\_\_  
 Petitioner  Respondent  Other Parent/Party  Other (specify): \_\_\_\_\_

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

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

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

(Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

**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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3.  CHILD SUPPORT

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

a. I request that the court order child support as follows:

Child's name and age

I request support for each

Monthly amount (\$) requested

child based on the child support guideline. (if not by guideline)

Attachment 3a.

b.  I want to change a current court order for child support filed on (date):

The court ordered child support as follows (specify):

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration (form FL-150)* or I filed a current *Financial Statement (Simplified) (form FL-155)* because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify):

Attachment 3d.

4.  SPOUSAL OR DOMESTIC PARTNER SUPPORT

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

a.  Amount requested (monthly): \$

b.  I want the court to  change  end the current support order filed on (date):

The court ordered \$ \_\_\_\_\_ per month for support.

c.  This request is to modify (change) spousal or partner support after entry of a judgment.

I have completed and attached *Spousal or Partner Support Declaration Attachment (form FL-157)* or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration (form FL-150)* in support of my request.

e. The court should make, change, or end the support orders because (specify):

Attachment 4e.

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.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6.  ATTORNEY'S FEES AND COSTS

I request attorney's fees and costs, which total (specify amount): \$ \_\_\_\_\_ . I filed the following to support my request:

- a. A current *Income and Expense Declaration* (form FL-150).
- b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7.  DOMESTIC VIOLENCE ORDER

- Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- 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): \_\_\_\_\_
- b. I request that the court  change  end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
- c.  I request that the court make the following changes to the restraining orders (specify): \_\_\_\_\_  Attachment 7c.
- d. I want the court to change or end the orders because (specify): \_\_\_\_\_  Attachment 7d.

8.  OTHER ORDERS REQUESTED (specify): \_\_\_\_\_

Attachment 8.

9.  TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:

- a.  To serve the *Request for Order* no less than (number): \_\_\_\_\_ 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 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 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 [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>In Pro Per</b>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Placer</b> STREET ADDRESS: <b>10820 Justice Center Drive</b> MAILING ADDRESS: <b>P.O.Box 619072</b> CITY AND ZIP CODE: <b>Roseville, CA 95661</b> BRANCH NAME: <b>Gibson Courthouse</b>	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

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

Attach copies of your pay stubs for last two months (black out social security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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) <input type="checkbox"/> currently receiving .....	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	_____
g. Pension/retirement fund payments .....	\$ _____	_____
h. Social security retirement (not SSI) .....	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance. ....	\$ _____	_____
j. Unemployment compensation .....	\$ _____	_____
k. Workers' compensation .....	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (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) :

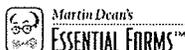
9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :

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 .....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership .....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ _____
b. Stocks, bonds, and other assets I could easily sell .....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) .....	\$ _____



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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.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- a. Home:
- (1)  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 \$ \_\_\_\_\_

**14. Installment payments and debts not listed above**

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

**15. Attorney fees (This 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 expenses for the children in this case**

Amount per month

- a. Child care 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 *(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 .....  | \$ _____         | _____                |
| b. 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 <i>(specify)</i> :   |                  |                      |

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address)</i>	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): <b>In Pro Per</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Placer</b> STREET ADDRESS: <b>10820 Justice Center Drive</b> MAILING ADDRESS: <b>P.O.Box 619072</b> CITY AND ZIP CODE: <b>Roseville, CA 95661</b> BRANCH NAME: <b>Gibson Courthouse</b>	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT/PARTY: _____	CASE NUMBER: _____  (If applicable, provide): HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
<b>PROOF OF PERSONAL SERVICE</b>	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (name): \_\_\_\_\_
3. I served copies of the following documents (specify): \_\_\_\_\_
  
4. By personally delivering copies to the person served, as follows:
  - a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_
  - c. Address: \_\_\_\_\_
  
5. I am
  - a.  not a registered California process server.
  - b.  a registered California process server.
  - c.  an employee or independent contractor of a registered California process server.
  - d.  exempt from registration under Business & Profession Code section 22350(b).
  - e.  a California sheriff or marshal.
  
6. My name, address, and telephone number, and, if applicable, county of registration and number (specify): \_\_\_\_\_
  
7.  I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8.  I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATURE OF PERSON WHO SERVED THE PAPERS)