

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

*Note: Read form 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 and form*

**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 | <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): |        |        |

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

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

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

Date: \_\_\_\_\_ JUDICIAL OFFICER \_\_\_\_\_



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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   
 (Note: An earnings assignment may be issued. See *Income Withholding for Support* (form \_\_\_\_\_) )
- a. I request that the court order child support as follows:
- |                             |   |   |
|-----------------------------|---|---|
| <u>Child's name and age</u> | <input type="checkbox"/> I request support for each child | <u>Monthly amount (\$) requested</u>                        |
|                             |   | based on the child support guideline. (if not by guideline) |

- 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 \_\_\_\_\_) or I filed a current *Financial Statement (Simplified)* ( \_\_\_\_\_ ) because I meet the requirements to file form FL-155.
- d. The court should make or change the support orders because (specify): \_\_\_\_\_

4.  SPOUSAL OR DOMESTIC PARTNER SUPPORT  
 (Note: An *Earnings Assignment Order for Spousal or Partner Support* ( \_\_\_\_\_ ) 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 \_\_\_\_\_) 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 \_\_\_\_\_) in support of my request.
- e. The court should make, change, or end the support orders because (specify): \_\_\_\_\_

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| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

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

b. The  petitioner  respondent  other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

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

6.  **ATTORNEY'S FEES AND COSTS**  
 I request attorney's fees and costs, which total (*specify amount*): \$ \_\_\_\_\_. I filed the following to support my request:  
 a. A current *Income and Expense Declaration* (form \_\_\_\_\_).  
 b. A *Request for Attorney's Fees and Costs Attachment* (form \_\_\_\_\_) or a declaration that addresses the factors covered in that form.  
 c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form \_\_\_\_\_) or a declaration that addresses the factors covered in that form.

7.  **OTHER ORDERS REQUESTED** (*specify*): \_\_\_\_\_

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*): \_\_\_\_\_

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.

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 \_\_\_\_\_ for *Disability Accommodations Request* (form \_\_\_\_\_). (Civ. Code, § 54.8.)